

Name
in
Full

Mary Elizabeth Addison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Odenton

County

Anne Arundel

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 October 25th

Age 29

Sex
Occupation

Female

Color or
Race

Colored

Birth-
place

Maryland

Married, Single
or Widowed

Married

Name of Wife or
Husband

Where Residing if not
at place of death

Alfred Addison

Father's
Name

Isiah Robinson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Katharine Robinson

Mother's
Birthplace

Maryland

Name of person giving
Information

Alfred Addison

How related
to deceased

Husband

CAUSES OF DEATH

Primary

General Tuberculosis

34

How long

12 mos

Immediate

Tubercular Pneumonia & exhaustion

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

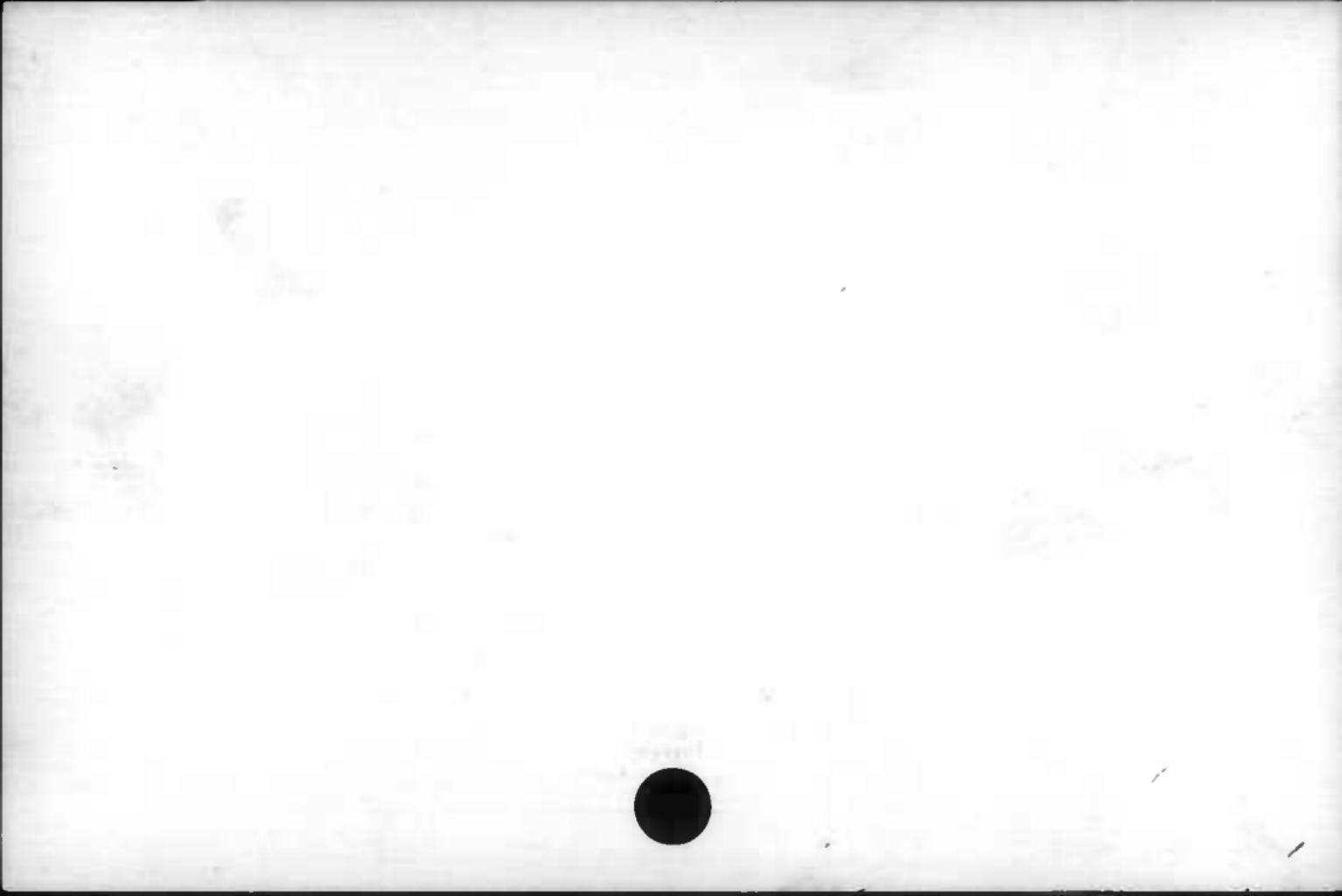
Oscar H. Newman

Odenton Md

PHYSICIAN
OR CORONER

9

Accident or Suicide



Name
in
Full

Eleanor Appelgreen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Oct	Day 14	Years	Months	Days	
Sex	Female	Color or Race	Age	white	Birth-place	Curtis Bay Md	
Occupation	—		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		—				
Father's Name	Chas. Wm. Appelgreen		Father's Birthplace Finland				
Mother's Maiden Name	Maria Rennquist		Mother's Birthplace Finland				
Name of person giving Information	Maria Appelgreen		How related to deceased Mother				

CAUSES OF DEATH

105

How long

3 months

Primary

Enter - colitis

Immediate

Cobular pneumonia

How long

One week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

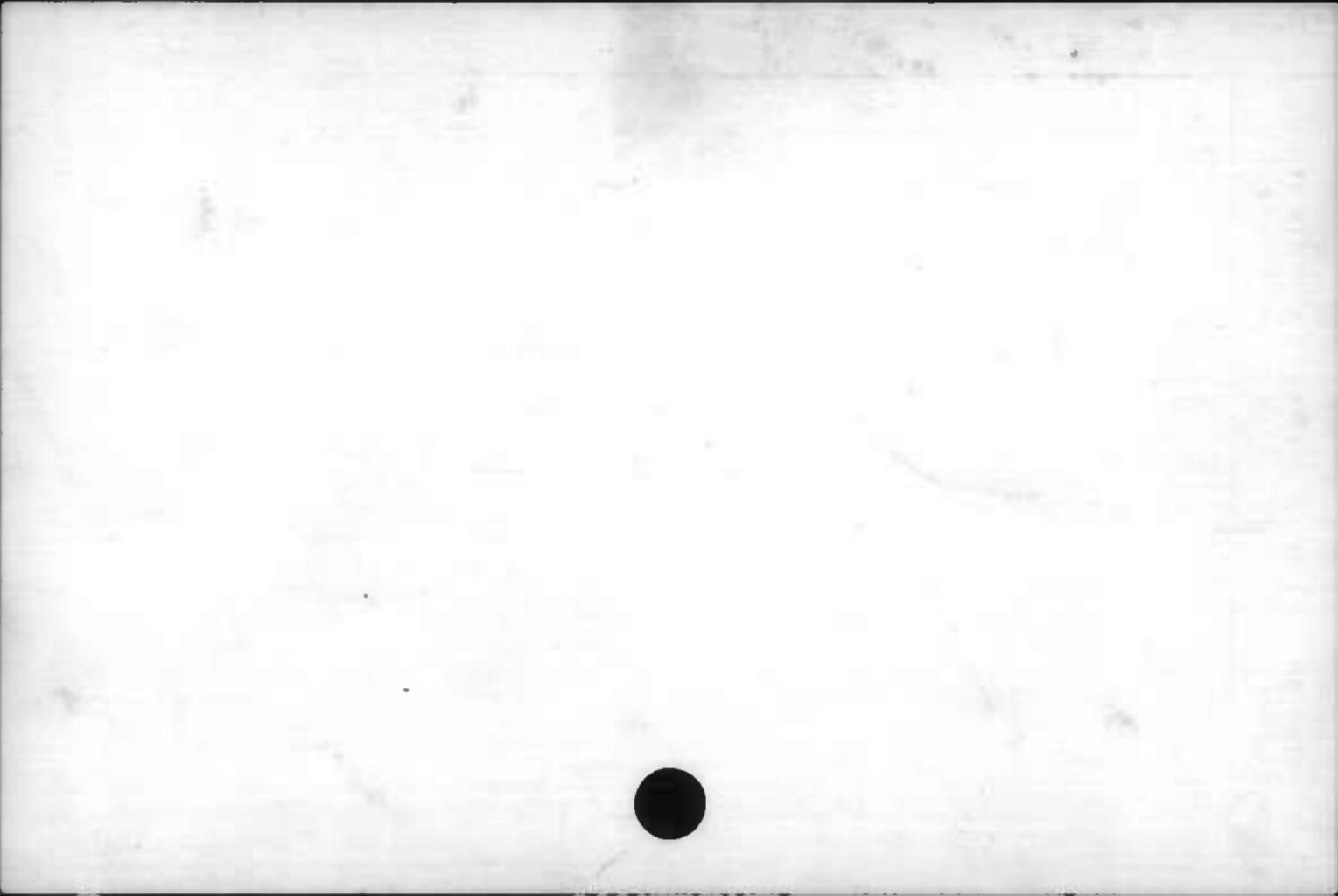
Address

Skahr did.
1823 W. North St

PHYSICIAN
OR CORONER

Accident or Suicide

No



Name
in
Full

Mary Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town: Baltimore County: GA County, MD
Died at: Date of death: 1909 Oct 5 Age: 22 Months: - Days: -
Month: Day: Years: -
Sex: Female Color or Race: Colored Birth-place: GA County, MD
Occupation: Day-care girl Where Residing if not at place of death: -
Married, Single or Widowed: Single Name of Wife or Husband: None
Father's Name: Tom Blake Father's Birthplace: Calvert Co, MD
Mother's Maiden Name: Mary Ellen Thomas Mother's Birthplace: QC Co, MD
Name of person giving Information: Washington Eaton How related to deceased: None

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

27

How long

Cloudy

Immediate

hemorrhage

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

She lived in Washington

Washington County, MD
West River, MD

Accident or Suicide

Name
in
FullTo BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Voyer v.					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1909		October	20	—	—	2	
Sex	male	Color or Race	white		Birth-place	Millerville	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	William Boyer					Father's Birthplace	Maryland
Mother's Maiden Name	Lina Albert					Mother's Birthplace	"
Name of person giving information	Elroy Boyer					How related to deceased	Uncle
CAUSES OF DEATH							
Primary	Congenital syphilis					How long	37
Immediate	i do					How long	48 hours
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Oscar H. Mersman		
yes			Address		Odenton Md.		
Accident or Suicide?							

33

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Annapolis</u>		Town <u>Anne Arundel</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>Oct</u>	Day <u>15</u>	Age <u>56</u>	Years <u>11</u>	Months <u>21</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Annapolis Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Eliza (dead) Branwell</u>	Father's Birthplace <u>Iceland</u>			
Father's Name <u>Jas T. Branwell</u>	Mother's Birthplace <u>Washington D.C.</u>				
Mother's Maiden Name <u>Margaret Frazee</u>	How related to deceased <u>Nephew</u>				
Name of person giving Information <u>Jno. H. Martin</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Emphysema

98

How long

1 year

Immediate

Cardiac Asthenia

How long
2 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

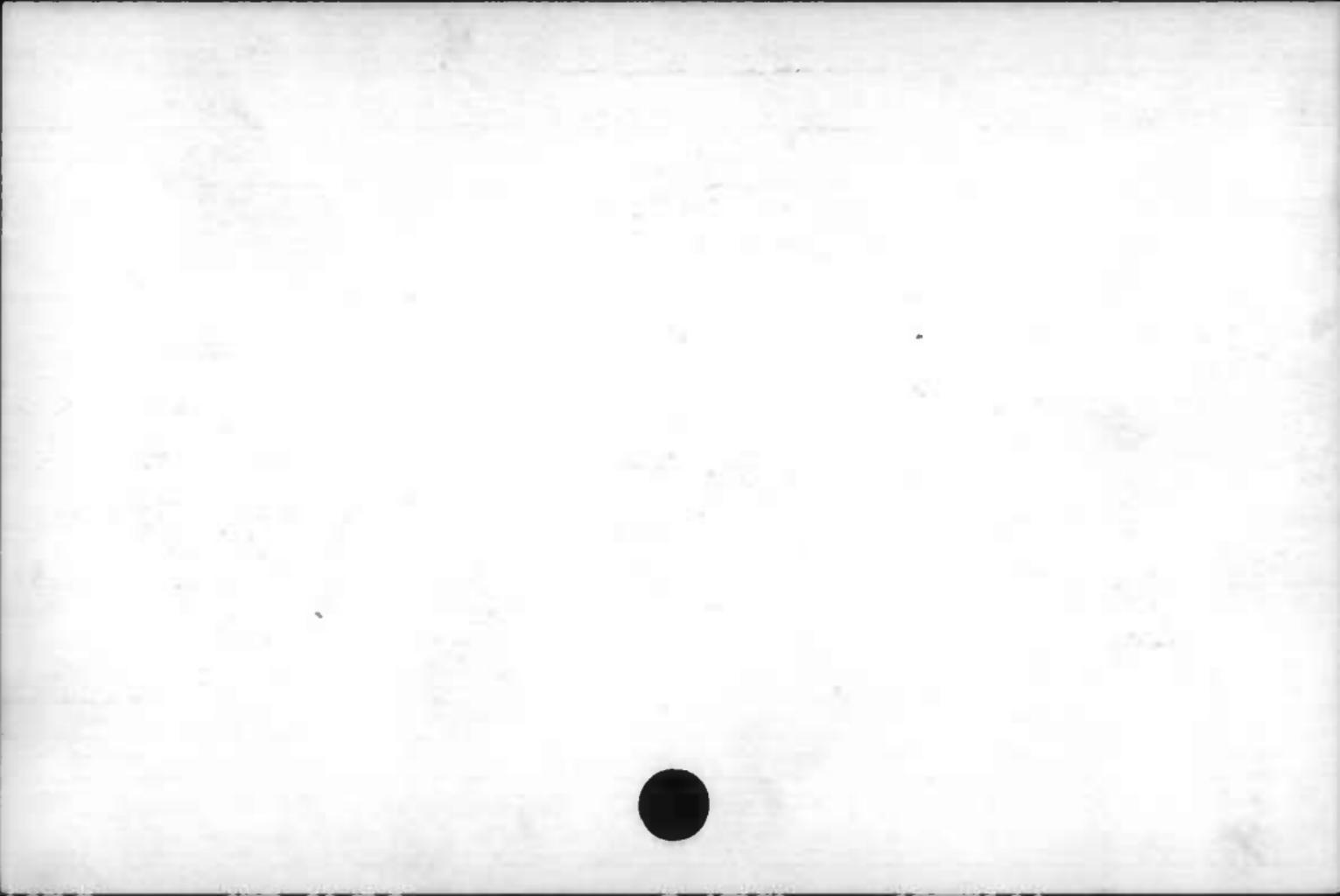
Address

J. M. Welch

Annapolis

Accident or Suicide





Name
in
Full

Howard Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Jesup	County Ann Arundel	MARYLAND	
Date of death	1909 Month Sept	Day 81	Age 27	Years — Months — Days
Sex	Male	Color or Race col	Birth-place Md.	Where Residing if not at place of death at place of death
Occupation	Laborer			
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace	
Father's Name	John Brown			
Mother's Maiden Name	Elizabeth Cole			
Name of person giving Information	How related to deceased not at all.			

CAUSES OF DEATH

27

How long
2 mo

How long

Primary	Tuberculosis	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician T. H. Basye
Address	Laurel, Md	
Accident or Suicide	Yes	

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Sambrille</u>		County <u>Ashburnevel</u>	MARYLAND	
Date of death <u>1904</u>	Month <u>Oct</u>	Day <u>1</u>	Years	Months <u>1</u> Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Sambrille</u>		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	<u>Thomas Brown</u>			
Mother's Maiden Name	<u>Rosana Brown</u>			
Name of person giving information	<u>Thomas Brown</u>			
CAUSES OF DEATH				
Primary	<u>Malnutrition</u>			
Immediate	<u>Marasmus & exhaustion</u>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Ogden Nease, M.D.</u>	
J		Address	<u>Odenton Md</u>	
Accident or Suicide?				

151

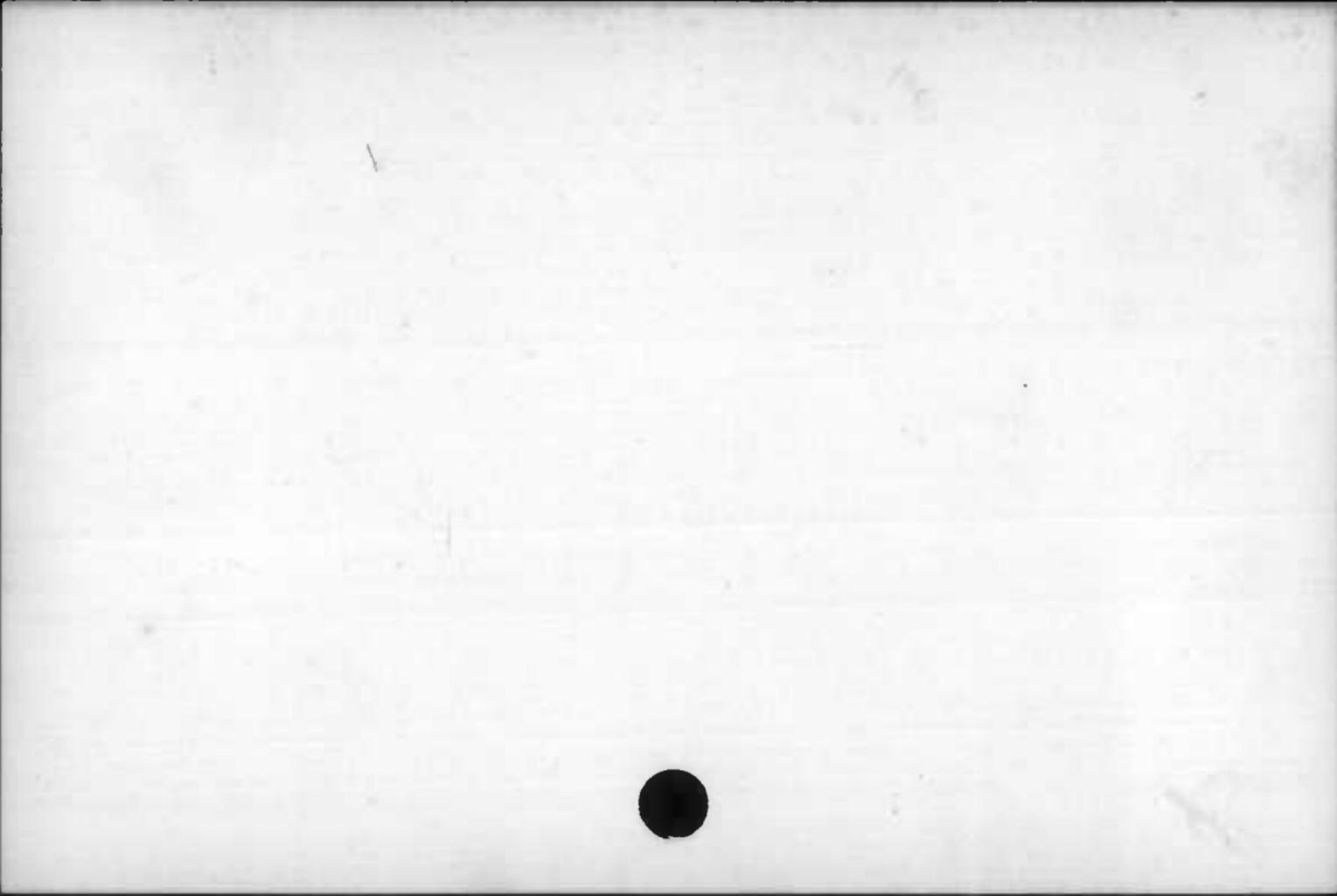
How long

three weeks

How long

one week

LIBRARY BUREAU 488616



Name
in
Full

George Albert Campher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Lake Shore		Anne Arundel			
Date of death	1909	Month	Day	Years	Months	Days
	Oct.		9	-	3	-
Sex	Male	Color or Race	Colored	Birth-place	Anne Arundel	
Occupation	—	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Stephen Campher			Father's Birthplace	Baltimore, Md.	
Mother's Maiden Name	Louise	Watts	Mother's Birthplace	Anne Arundel		
Name of person giving Information	Stephen Campher			How related to deceased	Father	

CAUSES OF DEATH

105

Primary

Geo. Cholera

How long

2 months

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

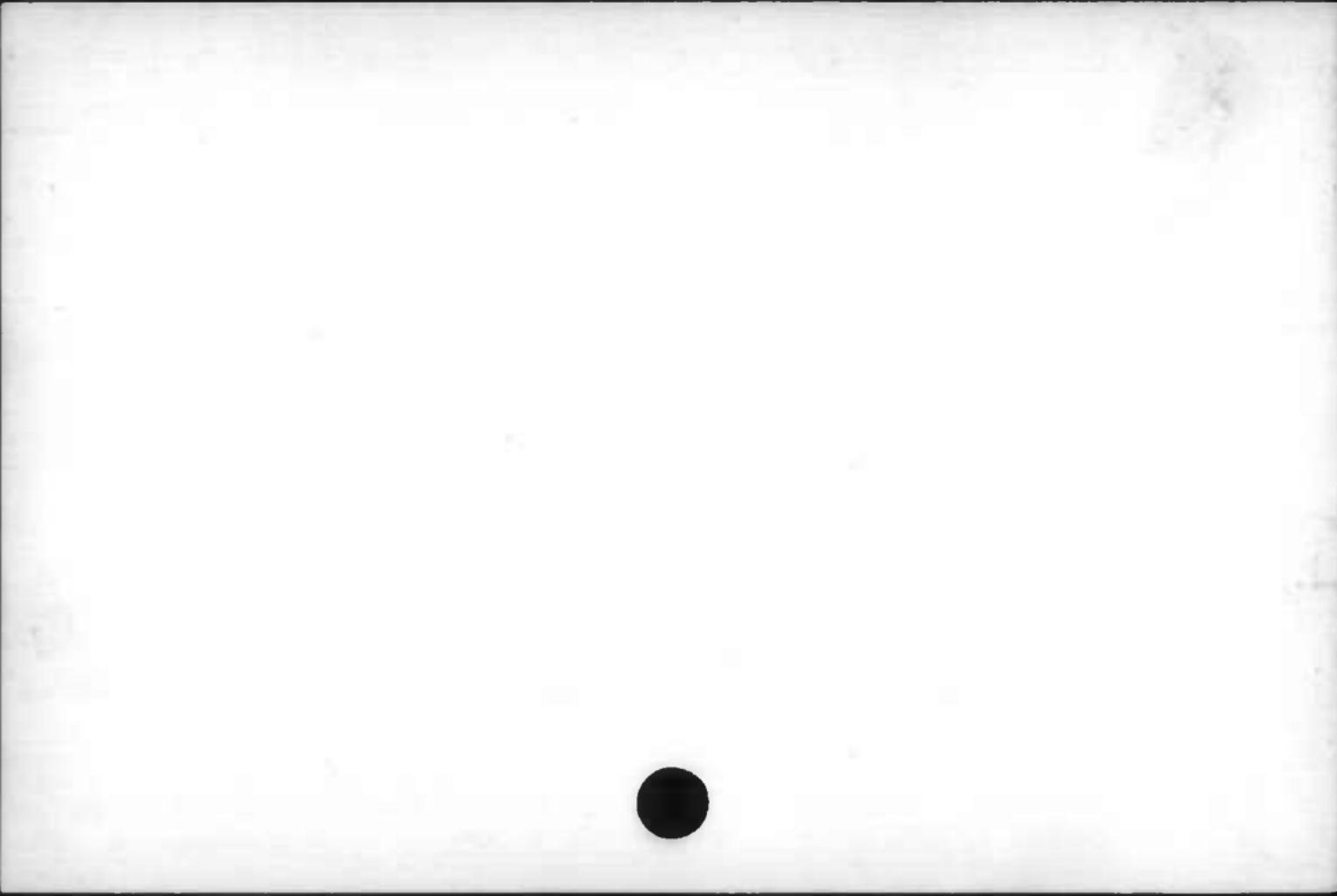
James S. Billingsley MD
Sub-registrar 3rd dist. A.A.C.

Address

Med.

Accident or Suicide

No



Name
in
Full

Margret Carroll.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Camp Parole. A.A.A.

County

Date
of death

Month

Day

Years

1909

Oct

28

Age 23

Months

Days

Sex

Female

Color or
Race

Colord

Birth-
place

South River

Occupation

Domestic

Where Residing if not
at place of death

Camp Parole.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Joseph T Carroll.

Father's
Birthplace

South River

Father's
Name

Anthony Wilson

Mother's
Birthplace

South River

Mother's
Maiden Name

Tamia Johnson.

How related
to deceased

Husband

Name of person giving
Information

Joseph Carroll

Primary

19088.

CAUSES OF DEATH

Immediate

Nephritis

119

Hope Chapel Cmt.

Are the name, age, sex, color, date
and place correctly given above?

Cardial. Exhaustion

How long

4 weeks

yes

How long

2 hours

Signature of
Physician

Address

P. P. D. X
60 Cathedral St
Annapolis Md

PHYSICIAN
OR CORONER

Accident or Suicide

8

720.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Town

County

Died at

Annapolis at. at.

Month

Day

Years

Months

Days

Date
of death

1909 Oct

24

Age

79

Sex

Male

Color or
Race

White

Birth-
place

Annapolis

Occupation

Oysterman

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Ruth

Carroll

Father's
Name

Thomas

Carroll

Father's
Birthplace

Unknown

Mother's
Maiden Name

Jennie

Fraying

Mother's
Birthplace

Md.

Name of person giving
Information

Police

Woodson

How related
to deceased

Daughter

CAUSES OF DEATH

44

How long

2 or 3 yrs

How long

2 weeks -

Primary

Epithelioma of Face.

Immediate

Exhaustion.

Signature of
Physician

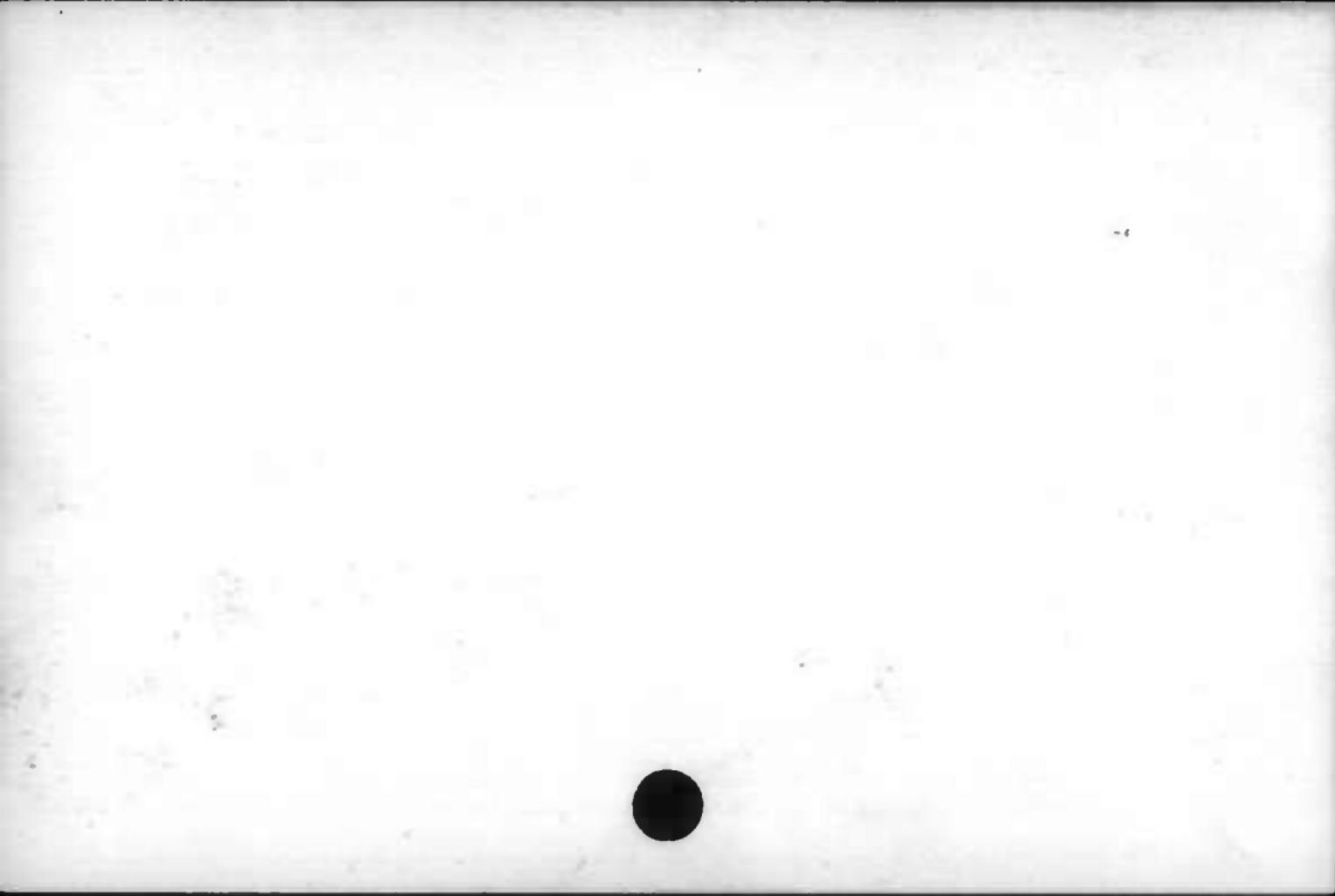
Address

Louis B. DeWeese
Annapolis,
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Neither.



Name
in
Full

Levina Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

South River

County

Anne Arundel

MARYLAND

Date
of death

Month

Day

1909

Oct 14

Years

Age 45

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Philip Chambers

Father's
Name

William Garrett

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Wallace

Mother's
Birthplace

Maryland

Name of person giving
Information

Arnie Garrett

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Typhoid fever

1

✓

How long

9 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

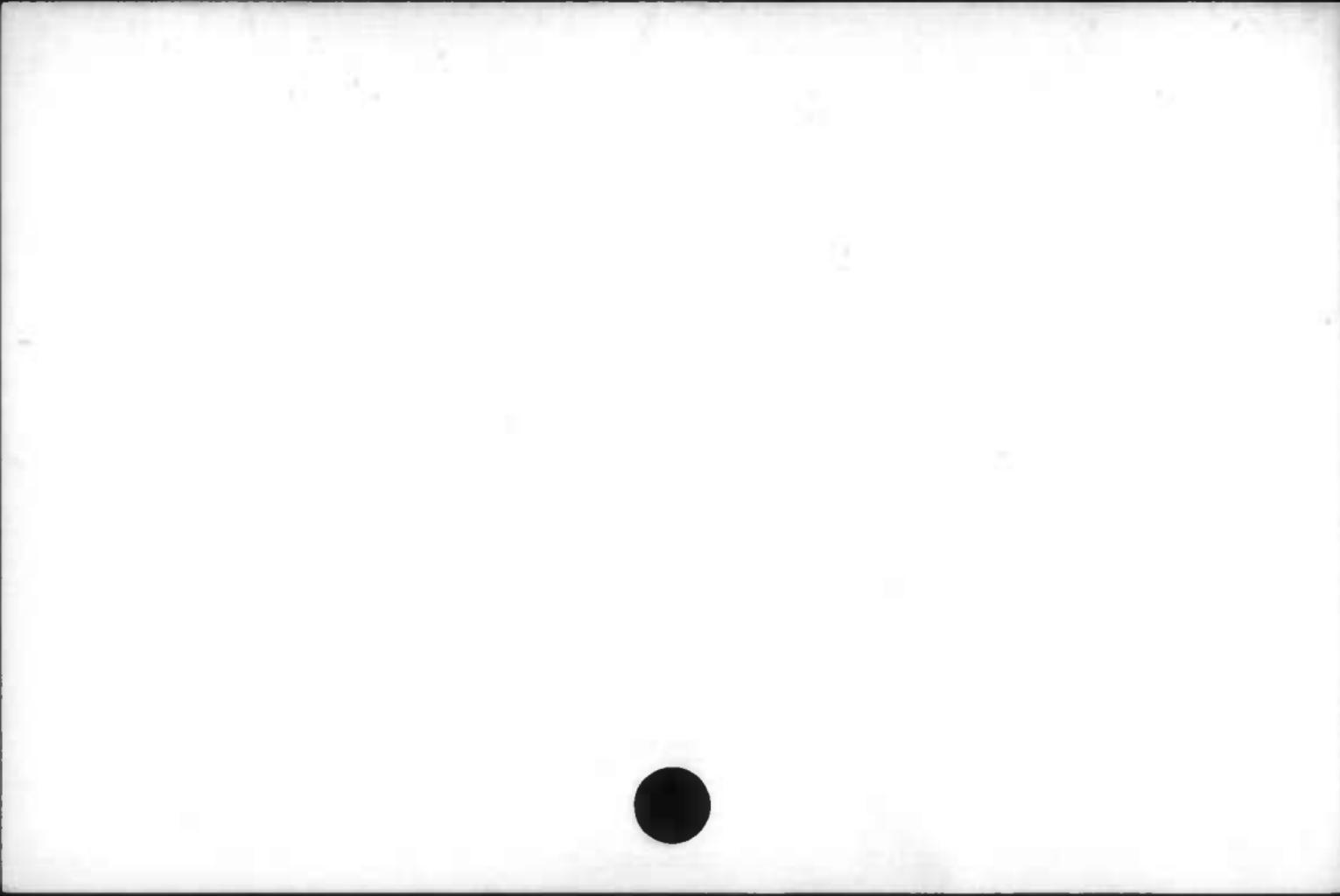
Signature of
Physician

Address

John Collinson
South River
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Erkson Colbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
annapolis a - a -

Date of death Month Day Years Month Day
1909 Oct 18 — 1 —

Sex Male Color or Race Colord Birth-place
Occupation — Where Residing if not at place of death
annapolis
Merried, Single Name of Wife or Husband —
or Widowed single —
Father's Name Anthony Colbert Father's Birthplace annapolis
Mother's Maiden Name Rosd Turner Mother's Birthplace annapolis
Name of person giving Information Rosa Colbert How related to deceased
Ridout 151 Mother

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH

Immediate

Ridout — Brownehill Cemt
Congenital Debility Since Birth How long
Exhaustion Gradual How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

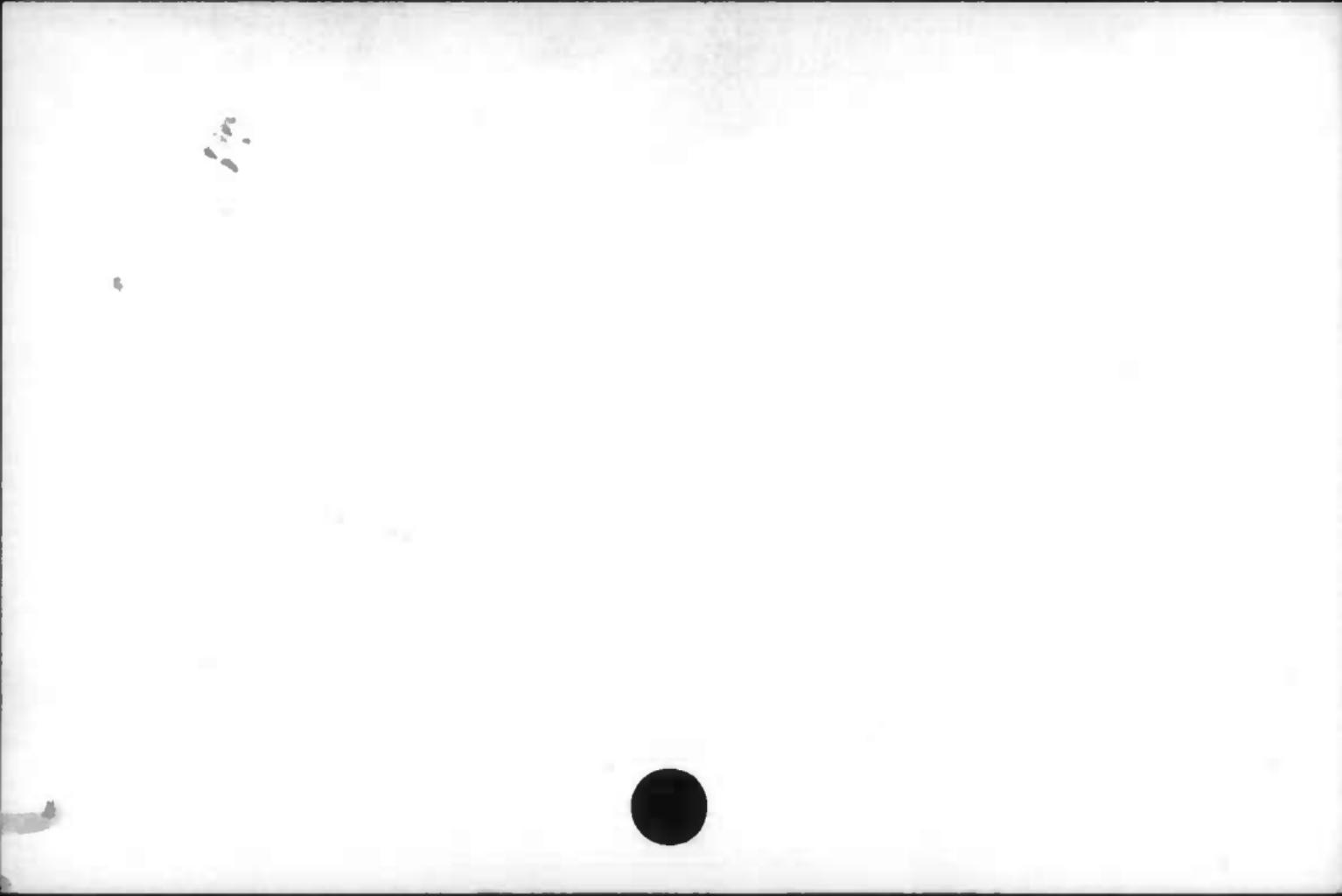
Address

Yes

Accident or Suicide



John Ridout
annapolis
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis

Town

County

Died at at. at.

Month
Day
Years

Months
Days

Date
of death 190

Month

Day

Years

Age 34

Sex

Color or
Race

Birth-
place

Male

colored

Adams Md

Occupation

Bar Tender

Where Residing if not
at place of death

Married, Single
or Widowed

Singl

Name of Wife or
Husband

None

Father's
Name

Thomas Dorgan Jr

Father's
Birthplace

at. at. Maryland

Mother's
Maiden Name

Patricia Thomas

Mother's
Birthplace

Adams M. D. Md

Name of person giving
Information

Madie Dorgan

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Nephritis

120

How long

Several Months

Immediate

Nemis convulsion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Ridontek

Annapolis
Md

Accident or Suicide



Name
in
Full

Hester Dance

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at in Jones Station
Date of death 1909 Month Oct. Day 12

County Anne Arundel
Age 59 Years

MARYLAND

Months

Days

Sex Female

Color or
Race

White

Birth-
place

St. Michael's

Occupation

House Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Dance

Father's
Birthplace

Unknown

Father's
Name

John Sharper

Mother's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Name of person giving
Information

Mrs. Sardner

How related
to deceased

✓

114

How long

6 days

How long

3 hrs

CAUSES OF DEATH

Primary

Hyperemia of the liver, (acute)

Immediate

Immediate cardiac failure

PHYSICIAN
OR CORONER

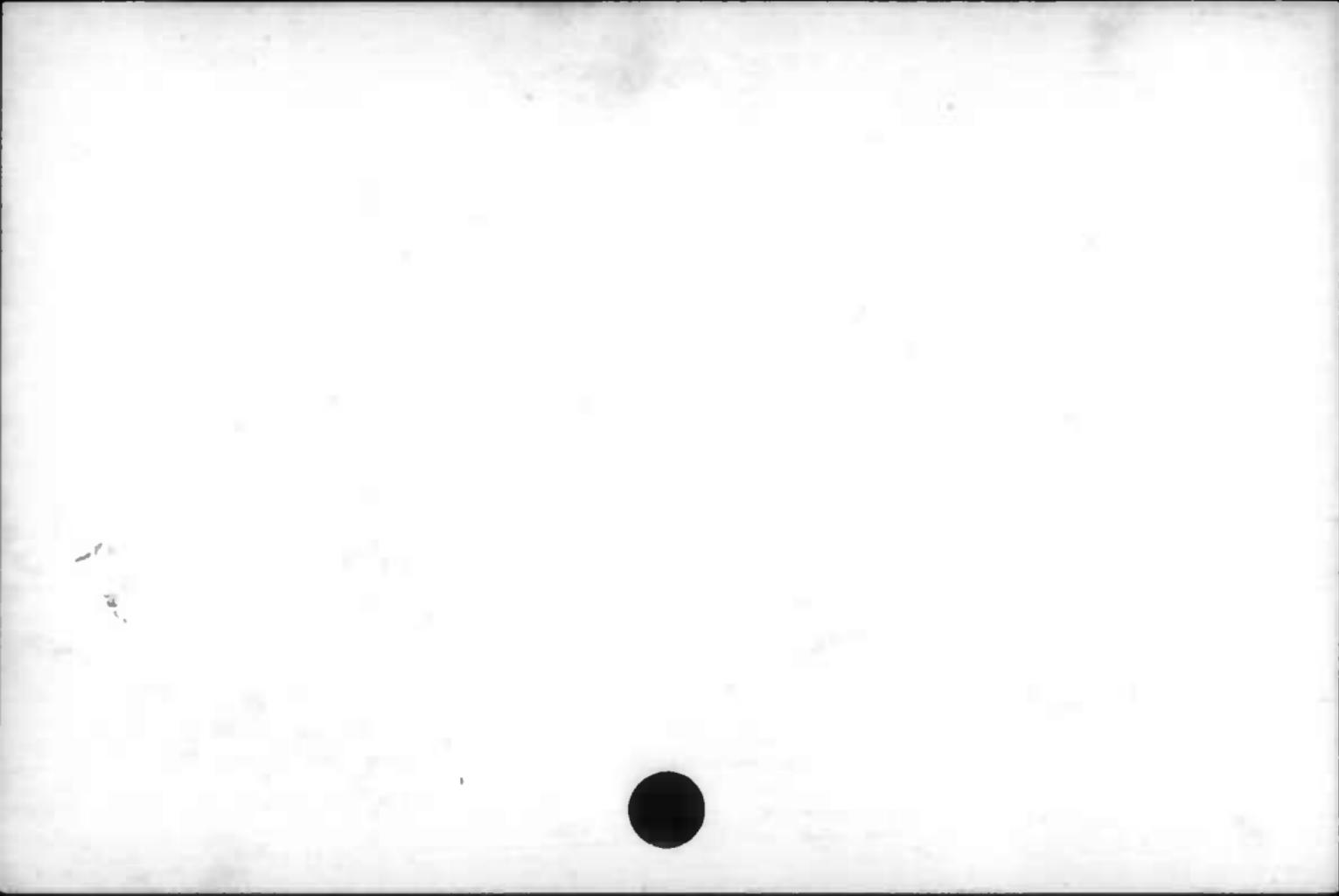
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Jos. C. Joyce M.D.
St. Michael's Md.

Accident or Suicide



Name
in
Full

J. Stanton Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Annapolis County A. I. C.

Died at	Month	Day	Years	Month	Days
Date of death	1909	October	14	Age	0
Sex	Male	Color or Race	White	Birth-place	Annapolis
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Ridgiform, Ile.
Mother's Maiden Name	Louise Stanton	Mother's Birthplace	Bridgewater, Ind.		
Name of person giving Information	Royal J. Davis	How related to deceased	Father		

CAUSES OF DEATH

Primary

Intestinal

105

How long

4 or 5 mos

Immediate

Malnutrition

How long

one month or less

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

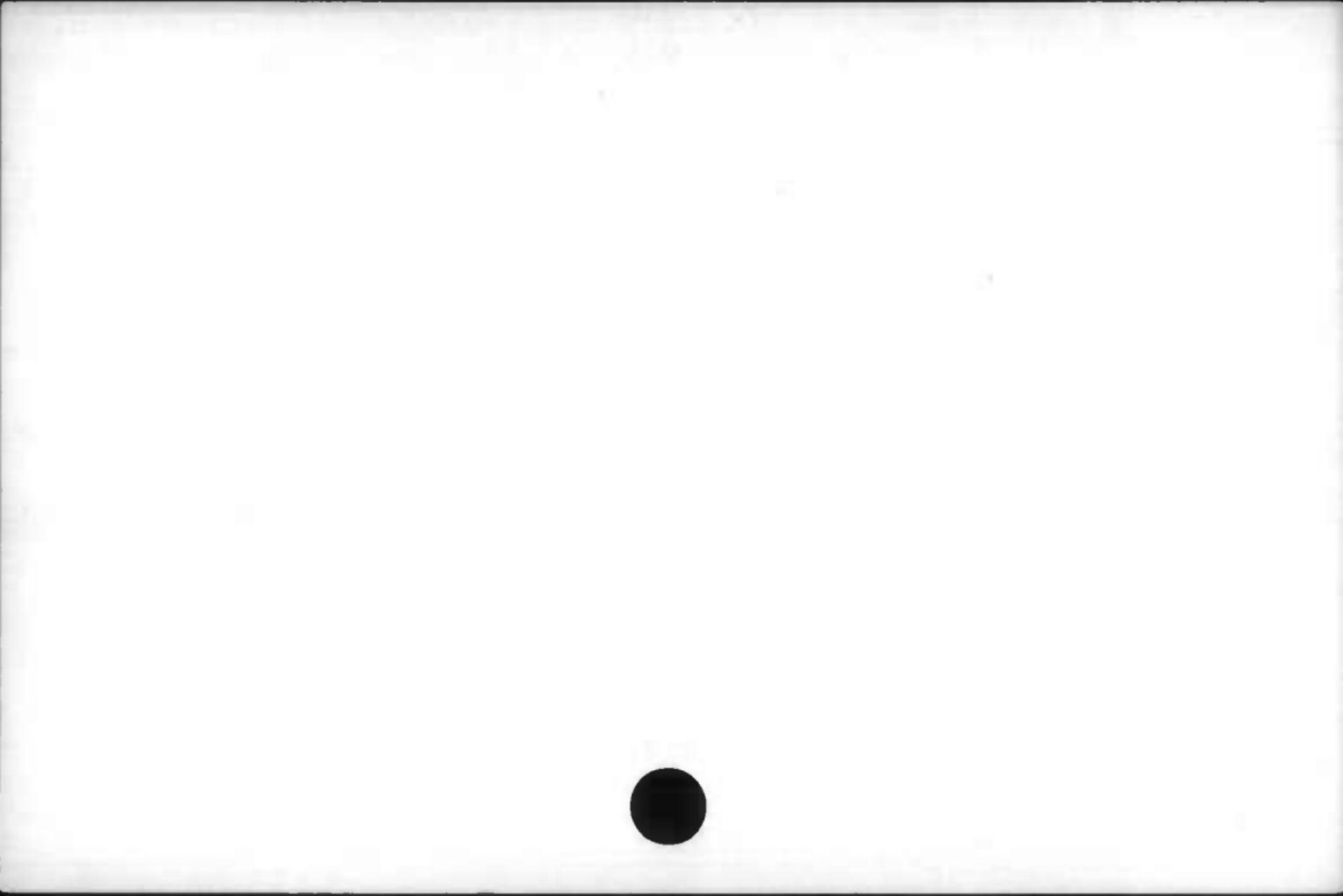
Louise Powers
Annapolis,
Maryland.

PHYSICIAN
OR CORONER



Accident or Suicide

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mike Dentz

CERTIFICATE OF DEATH

Died at Sollers Town Anne Arundel County MARYLAND
Date of death 1909 Oct Month 4 Day Age 36 Years
Sex Male Color or Race White Birth-place don't know
Occupation Laber Where Residing if not at place of death 1200 Towson St
Married, Single or Widowed Single Name of Wife or Husband Locust Point Ball
Father's Name don't know Father's Birthplace don't know
Mother's Maiden Name don't know Mother's Birthplace don't know
Name of person giving Information R. C. Owens How related to deceased Friend

CAUSES OF DEATH

Primary Fell off a barge striking his head in a log How long
Immediate Hemorraghe of the Brain How long

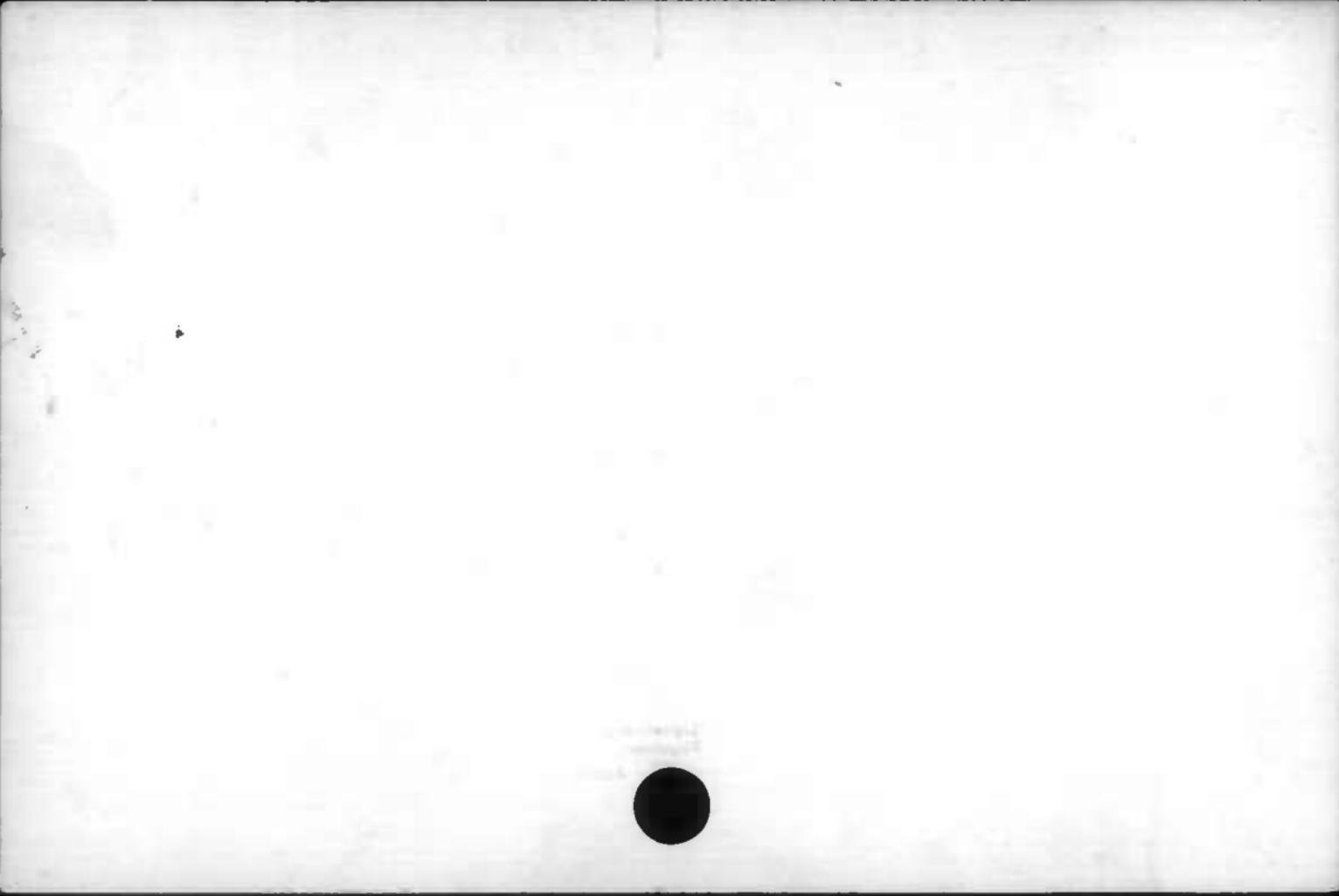
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John E. Pote Cen
Brooklyn
A. A. C. Md

Accident



Name
in
Full

Charles Hasleup Dexter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Annapolis a.a.co.

MARYLAND

Date of death 1909 Month Day Years
Oct 18 77

Months Days
2 8

Sex male Color or Race White

Birth-place Washington D.C.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Margaret. W. Dexter

Father's
Birthplace

Wash., D.C.

Father's
Name

John Warner Dexter

Mother's
Birthplace

Don't know.

Mother's
Maiden Name

Don't know

How related
to deceased

Son

Name of person giving
Information

Chas. F. Dexter

47

How long

6 or 8 weeks

How long

" "

PHYSICIAN
OR CORONER

Primary

Rheumatism (Acute)

"

"

"

Immediate

yes

Signature of
Physician

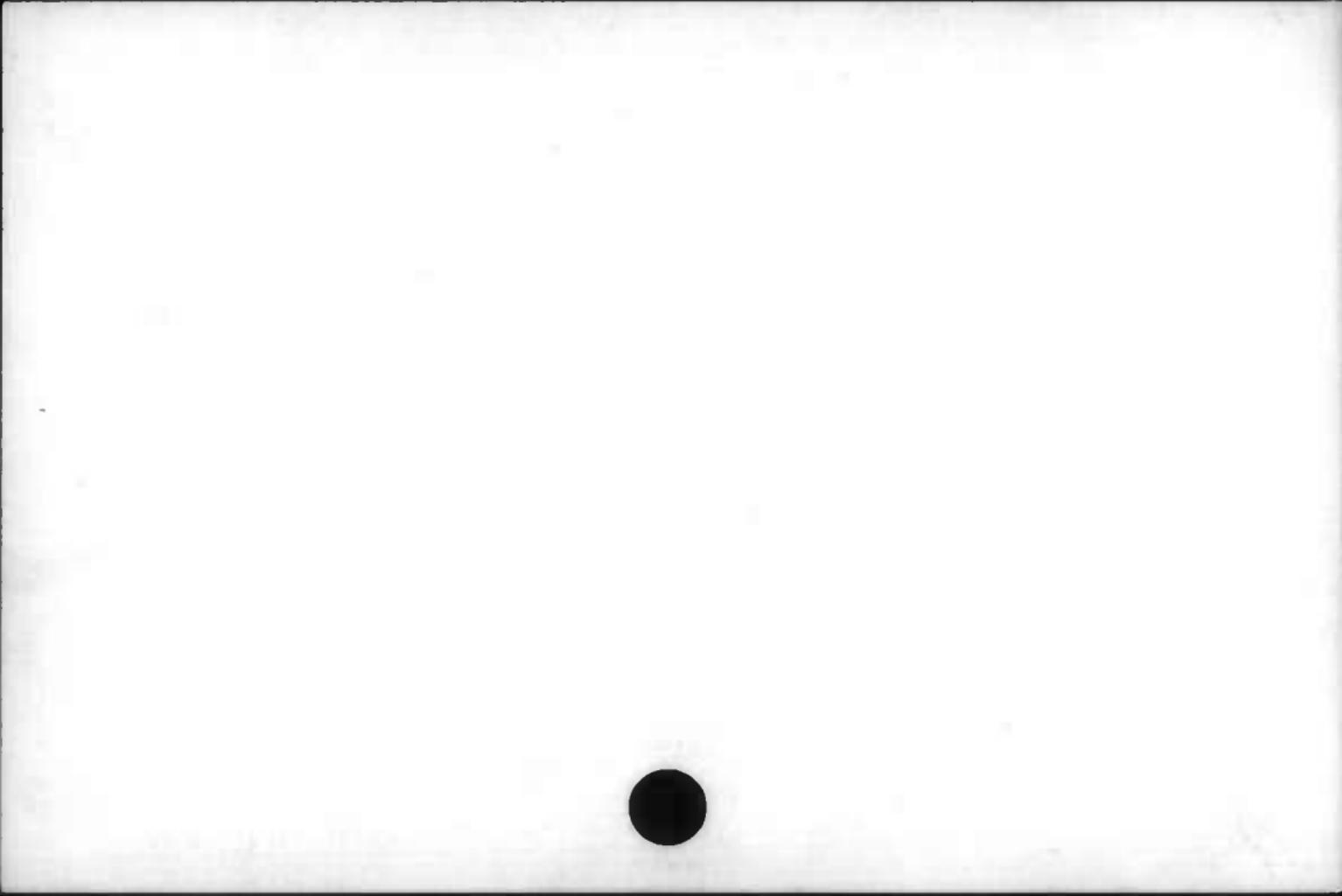
Address

Oliver Parsons,
Annapolis,
Md.

Accident or Suicide

No





Name
in
Full

Infant Child

Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at		County a a		MARYLAND	
Date of death	Month 1909	Day Act 19	Years —	Months —	Days 6
Sex Male	Color or Race color	Birth- place a a co md			
Occupation ____	Where Residing if not at place of death Cumberland				
Married, Single or Widowed —	Name of Wife or Husband Thomas Diggs	Father's Name a a co md			
Father's Name Thomas Diggs	Mother's Name Hate Wilson				Mother's Name a a co md
Mother's Maiden Name Hate Wilson	Name of person giving Information Thomas Diggs				How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Infant; Cause of death Unknown

179

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

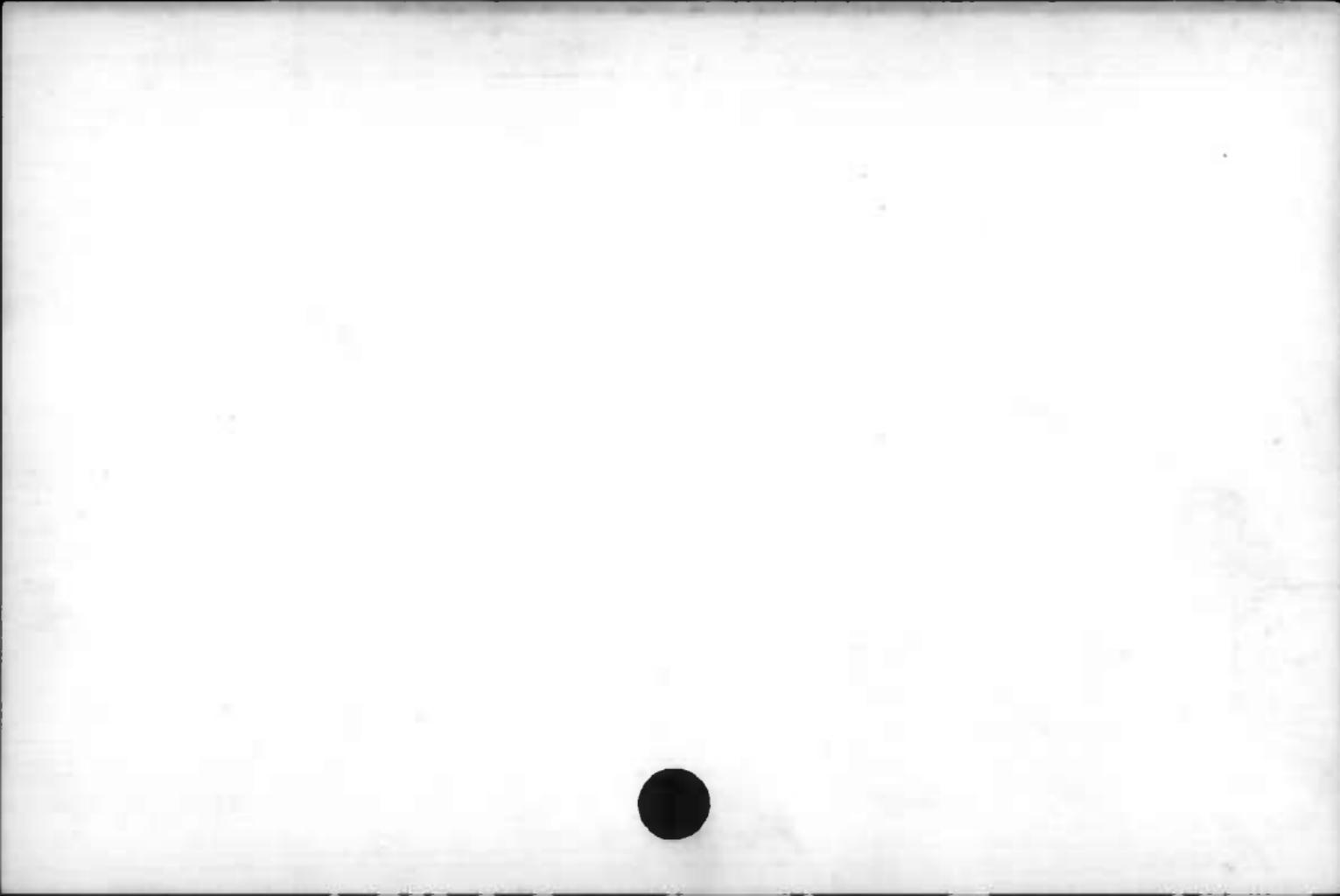
yes.

Signature of
Physician

Address

W. H. Taft
Sub Reg.

Accident or Suicide
Deather



Name
in
Full

Annie E. Cornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Campsroll and		a. a. co			
Date of death	1907	Month	Oct	Day	127
				Years	60 yrs.
Sex	Female	Color or Race	colored	Birth-place	unknown
Occupation	Stone work	Where Residing if not at place of death	Campsroll and		
Married, Single or Widowad	Married	Name of Wife or Husband	William Cornell	Father's Birthplace	unknown
Father's Name	unknown			Mother's Birthplace	unknown
Mother's Maiden Name	Eliza Andred			How related to deceased	Daughter
Name of person giving Information	Sadie Cornell			How long	One year

CAUSES OF DEATH

98

How long

Primary

Hypertrophic Emphysema
Cardiac Failure

Immediate

One hour

Are the name, age, sex, color, date and place correctly given above?

Yes

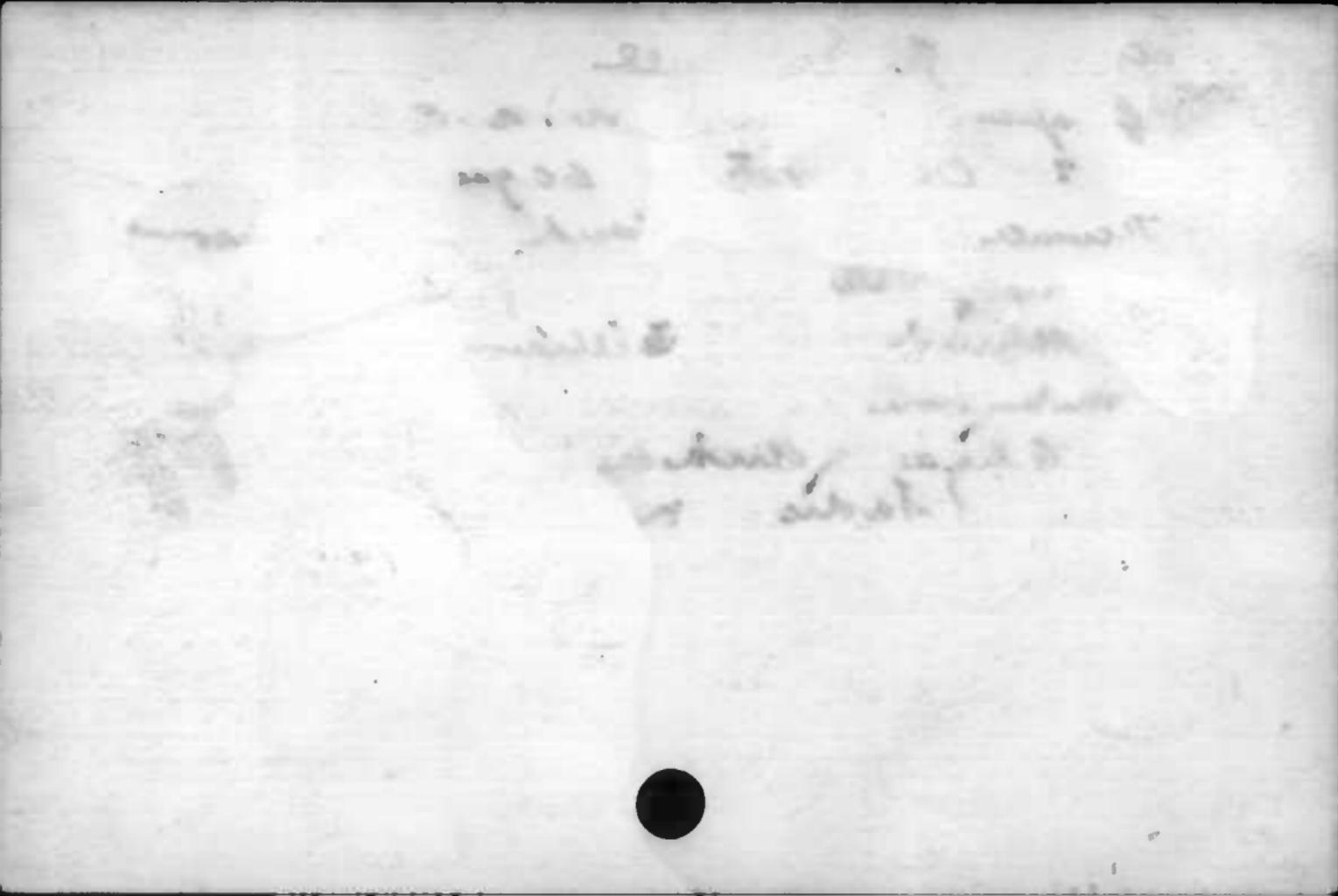
Signature of Physician

Address

P. P. Regan
60 Cathedral St.
Minneapolis, Minn.

Accident or Suicide

no



Name
in
Full

Cora Octavia Dove

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harwood</u>		<u>Anne Arundel</u> County		MARYLAND		
Date of death <u>1909 Oct 1</u>	Month <u>1</u>	Day <u>1</u>	Years <u>33</u>	Age <u>33</u>	Months <u>5</u>	Days <u>25</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Calvert Co., Md.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Harwood, Md.</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel Dove</u>					
Father's Name <u>George Walker</u>	Father's Birthplace <u>Calvert Co., Md</u>					
Mother's Maiden Name <u>Ennie Hardisty</u>	Mother's Birthplace <u>Calvert Co., Md</u>					
Name of person giving information <u>Samuel Dove</u>	How related to deceased <u>He is a son</u>					

CAUSES OF DEATH

138

✓

Primary Pregnancy-Placenta Previa & hemorrhage for 18 months

How long

Immediate Nephritis, uremia & hemorrhage 5 days

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

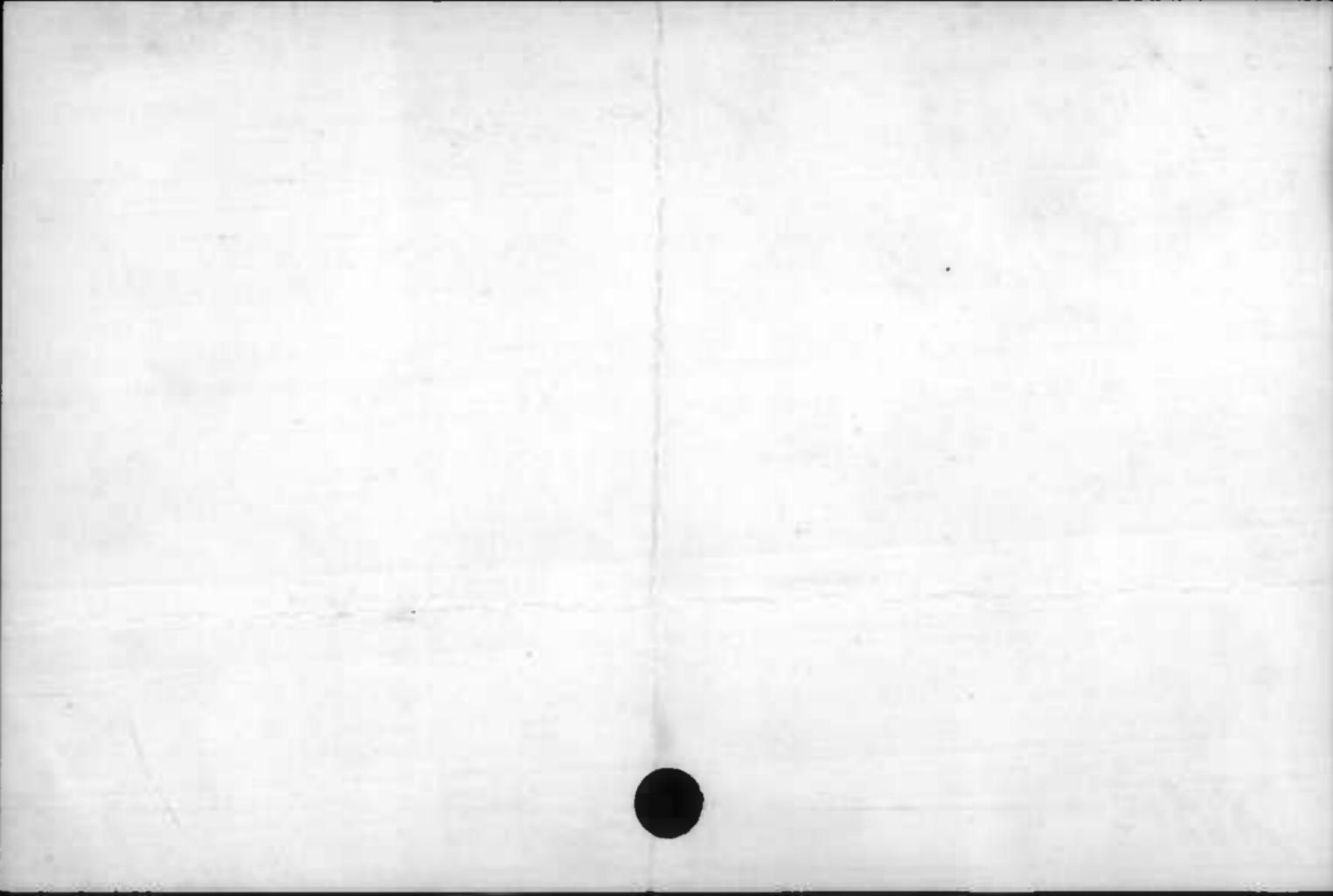
Madeline Cawelt, M.D.

Address

West River, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Sarah Eastern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Solhian		a a		Montha	
Date of death	1909	Month	Day	Years	Days
Date of death	act	14	Age	—	8
Sex	female	Color or Race	color	Birth-place	aa bound
Occupation	—	Whara Residing if not at place of death Solhian a a bound			
Married, Single or Widowed	single	Name of Wife or Husband —			
Father's Name	Washburn Eastern	Father's Birthplace aa bound			
Mother's Maiden Name	Mary Thomas	Mother's Birthplace aa bound			
Name of person giving Information	Washburn Eastern	How related to deceased Gather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infant; Cause of death

Immediate

Unknown

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

8
Accident or Suicide

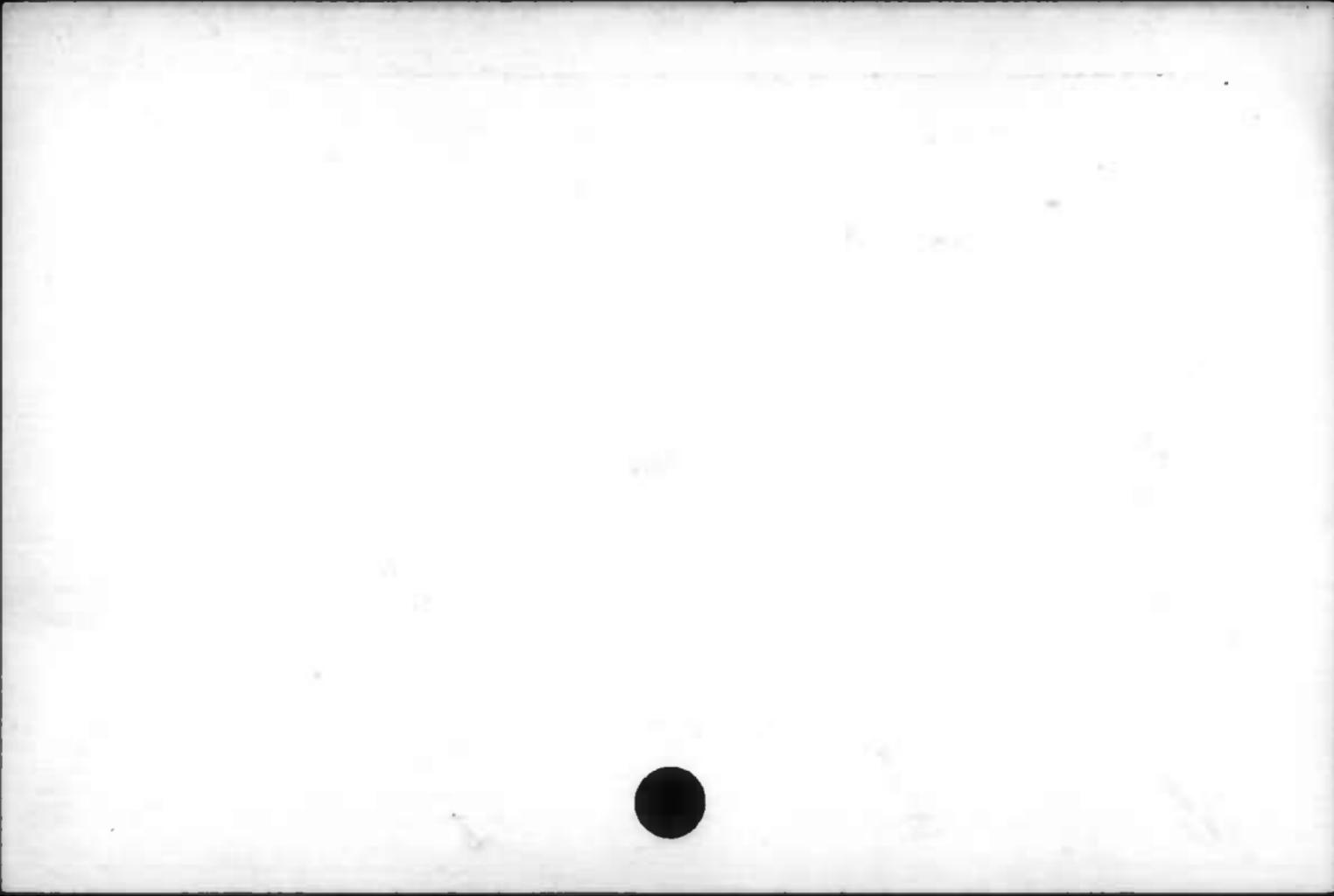
W. H. Talbot-
Sub Reg.

Address

179

How long

How long



Name
in
Full

(Evans) Thomas L.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Bristol		Anne Arundel				
Date of death	1909	Month Oct.	Day 21	Years	Month	Days
Sex	Male	Color or Race	Calvert		Birth-place	Bristol Md
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Arthur Evans		Father's Birthplace			Bristol Md
Mother's Maiden Name	Sarah Barley		Mother's Birthplace			" "
Name of person giving Information	Arthur Evans		How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

" Spasms "

71

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

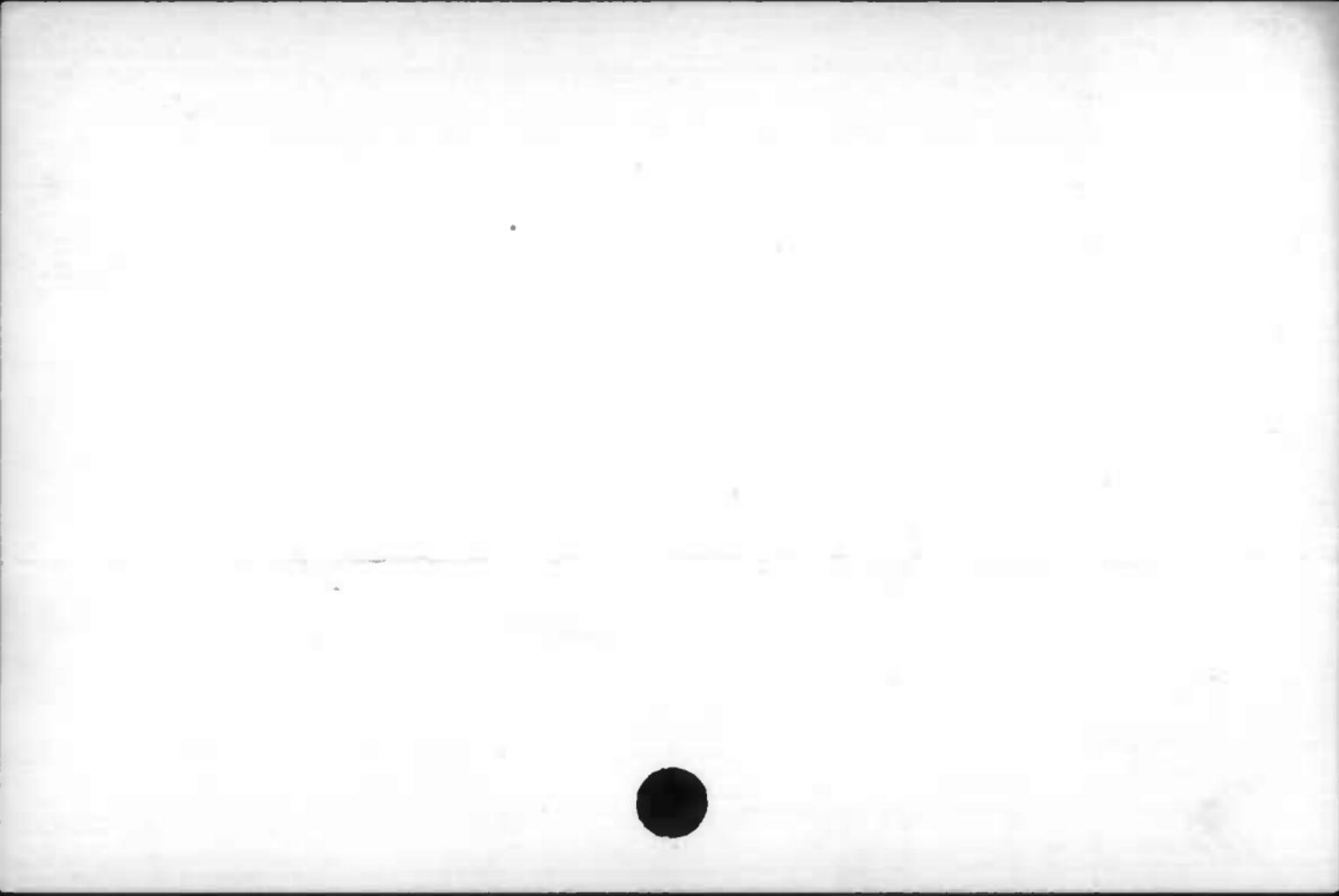
Yea

Signature of
Physician

Address

Irving D. Chaney Md.
Bristol, Md.

8
Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Mary E Gross

Town

County

Died at

Annapolis Neck

Act 60

MARYLAND

Month

Day

Years

Month

Deys

Date

of death

1909

Oct

19

th

Age

2

2

Sex

Female

Color or
Race

col -

Birth-
place

St. et lo

Occupation

House

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Moses Gross

Father's
Birthplace

Act 60

Mother's
Maiden Name

Blanche Murray

Mother's
Birthplace

Act 60

Name of person giving
Information

Gather

How related
to deceased

151

CAUSES OF DEATH

Primary

Congenital Debility Since Birth

Immediate

exhaustion

long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

How long

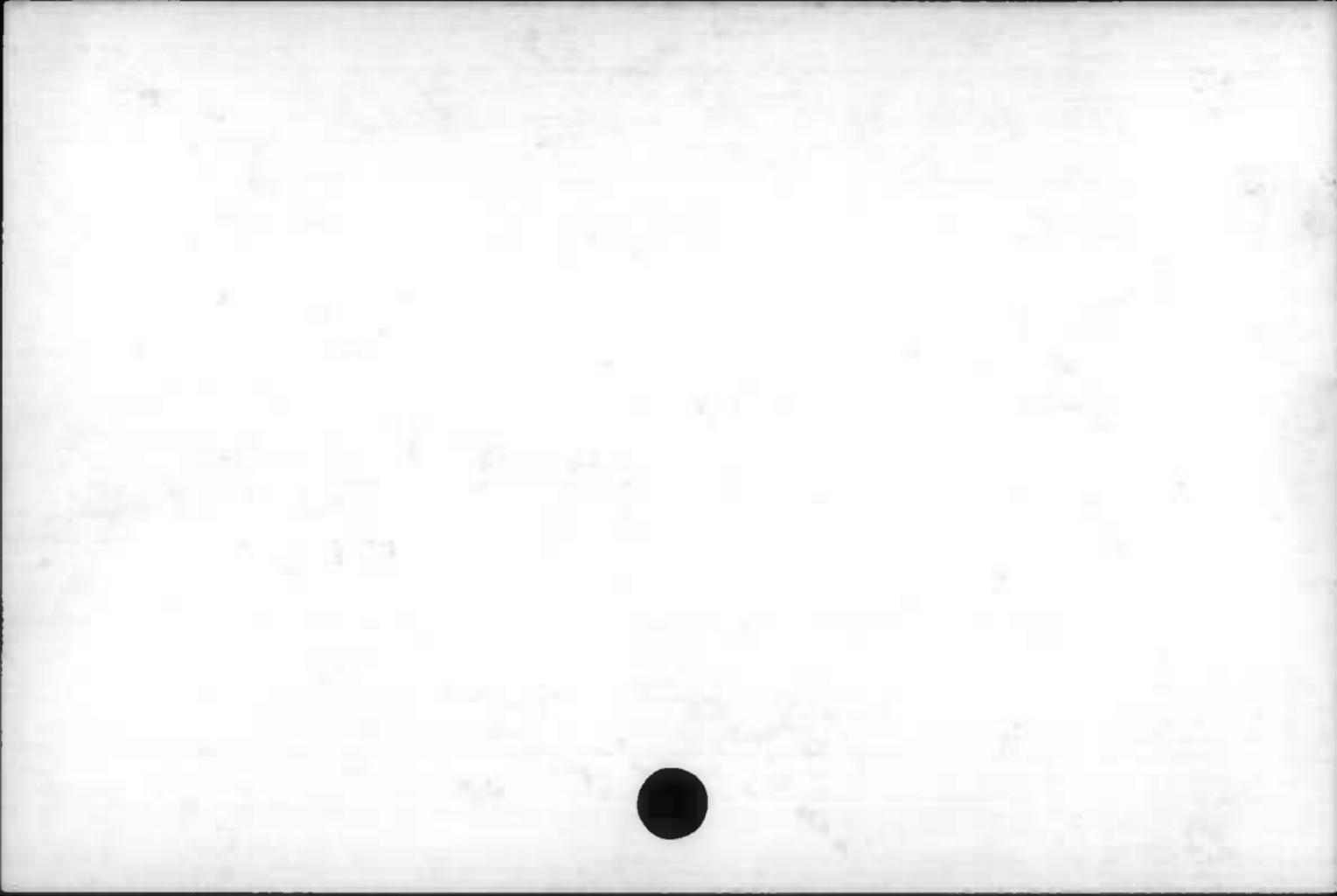
yes

Address

John Ridout
Annapolis
MD -

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marion Darice Harman

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Woodwardville Anne Arundel

Date
of death

Month

Day

Years

Months

Days

1909 Oct.

17

Age

4

1

Sex

Male

Color or
Race

White

Birth-
place

A. A. Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Grover Harman

Father's
Birthplace

P.G. Co Md

Mother's
Maiden Name

Mother's
Birthplace

A. A. C. Md

Name of person giving
Information

Grover Harman

How related
to deceased

Father

Primary

Gastro Enteritis

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Sam H. Anderson
Woodwardville Md.

Accident or Suicide

21

Name
In
Full

Rosa Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1909	Month 10	Day 18	Years 1	Months 2	Days 7	
Sex	Female		Color or Race	White		Birth-place	Anne Arundel Co. Md.
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	James Hood		Father's Birthplace		Maryland		
Mother's Maiden Name	Maggie M. Turner		Mother's Birthplace		"		
Name of person giving information	James Hood		How related to deceased		Father		

CAUSES OF DEATH

119

How long

10 days

How long

9 4 hours

Signature of Physician

Address

Rt. Hammond,
Jessup,
Md.

Primary

Acute nephritis

Immediate

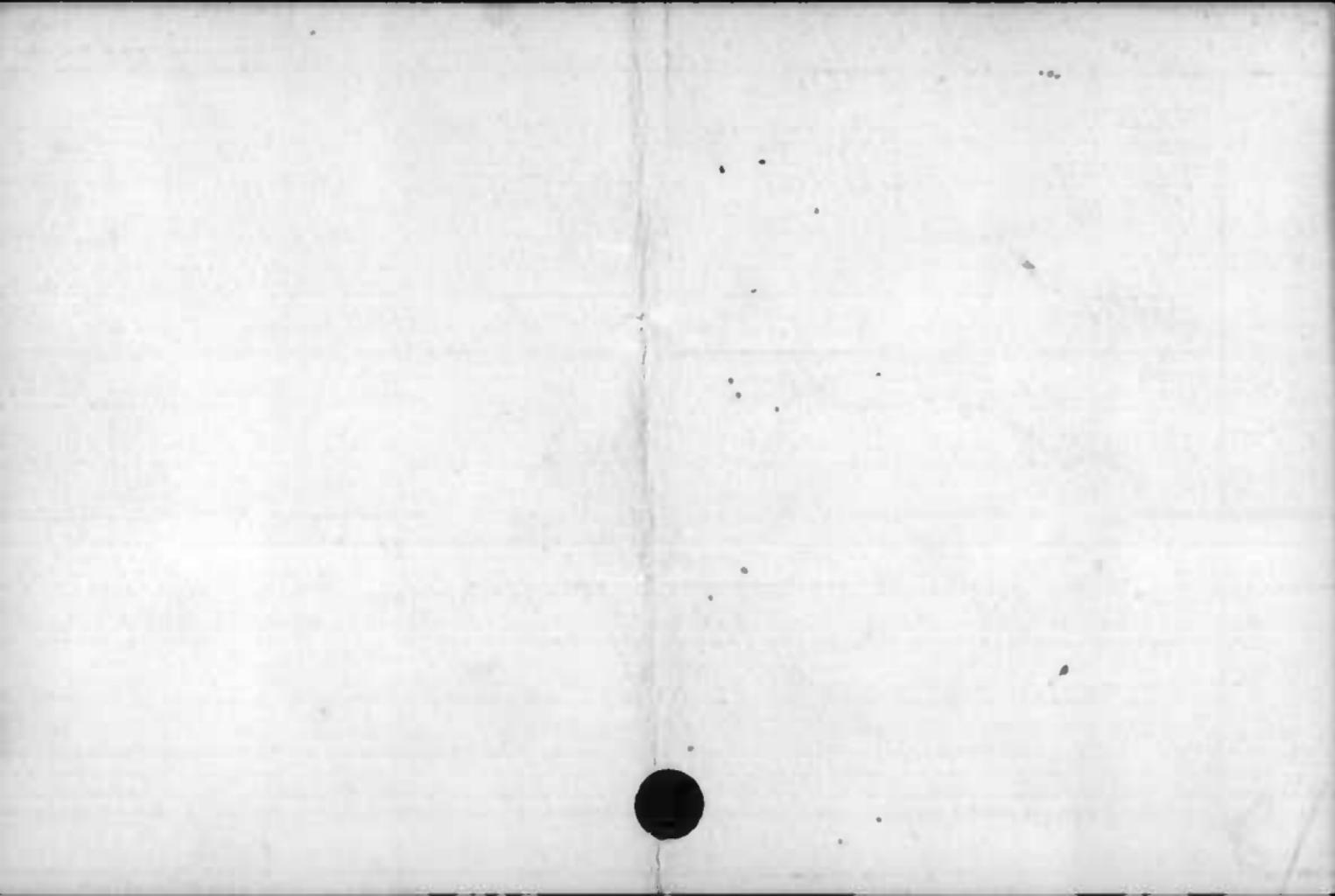
anemic coma

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?

No



Name
in
Full

Clarence Hough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1909	Dec	23 rd	44			
Sex	Male	Color or Race	white		Birth-place	Washington, D.C.
Occupation	Engaged at Gov. off		Where Residing if not at place of death		at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	Unknown		Unknown	
Father's Name	Unknown		Unknown		Father's Birthplace	Unknown
Mother's Maiden Name	Unknown		Unknown		Mother's Birthplace	Unknown
Name of person giving Information	Samuel Jones		Unknown		How related to deceased	Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis.

27

✓

6 mo.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. P. Bresney
Laurel
Md

Accident or Suicide?

No



22

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
3d. Street			d.d.			
Date of death	1909 Oct 2	Month Day	Years	Months		Days
Sex	Male	Color or Race	Age 51			
Occupation	Farm Laborer			Birth-place	St. Marys	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Johnson			
Father's Name	Freely Johnson			Father's Birthplace	St. Marys	
Mother's Maiden Name	Mildreda			Mother's Birthplace	St. Marys	
Names of person giving Information	Andrew Johnson			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis (dental)

26

✓

How long

3 months

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

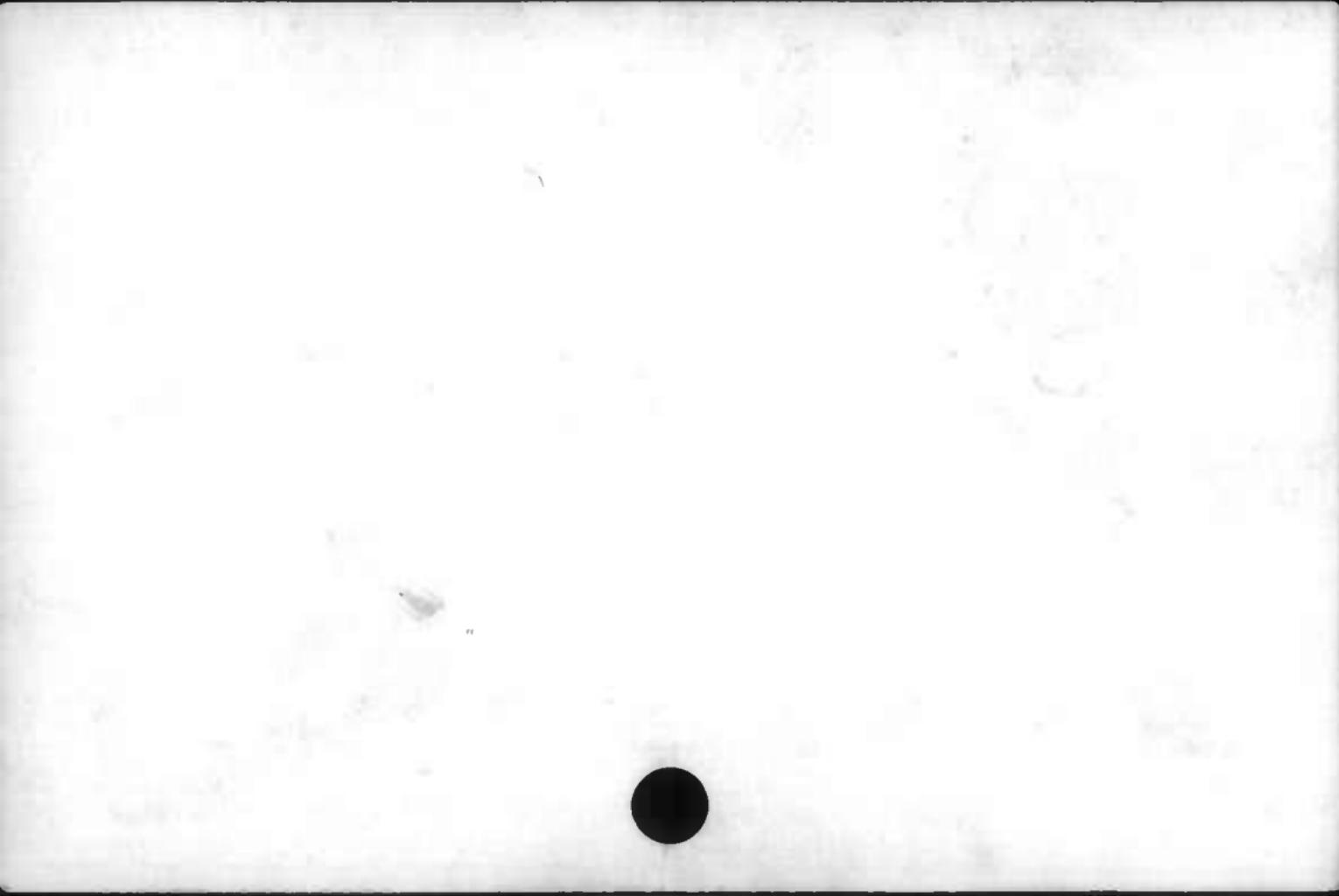
Signature of Physician

Address

3d. Street
Annapolis Md.
R. S. Johnson

Accident or Suicide





Name
in
Full

Frederick Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frederick Jones				
Mother's Maiden Name	Julia Jones				
Name of person giving information	Nancy Jones				

CAUSES OF DEATH.

119

How long

✓

2 months
13 days

PHYSICIAN
OR CORONER

Primary

Nephritis
Carditis

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

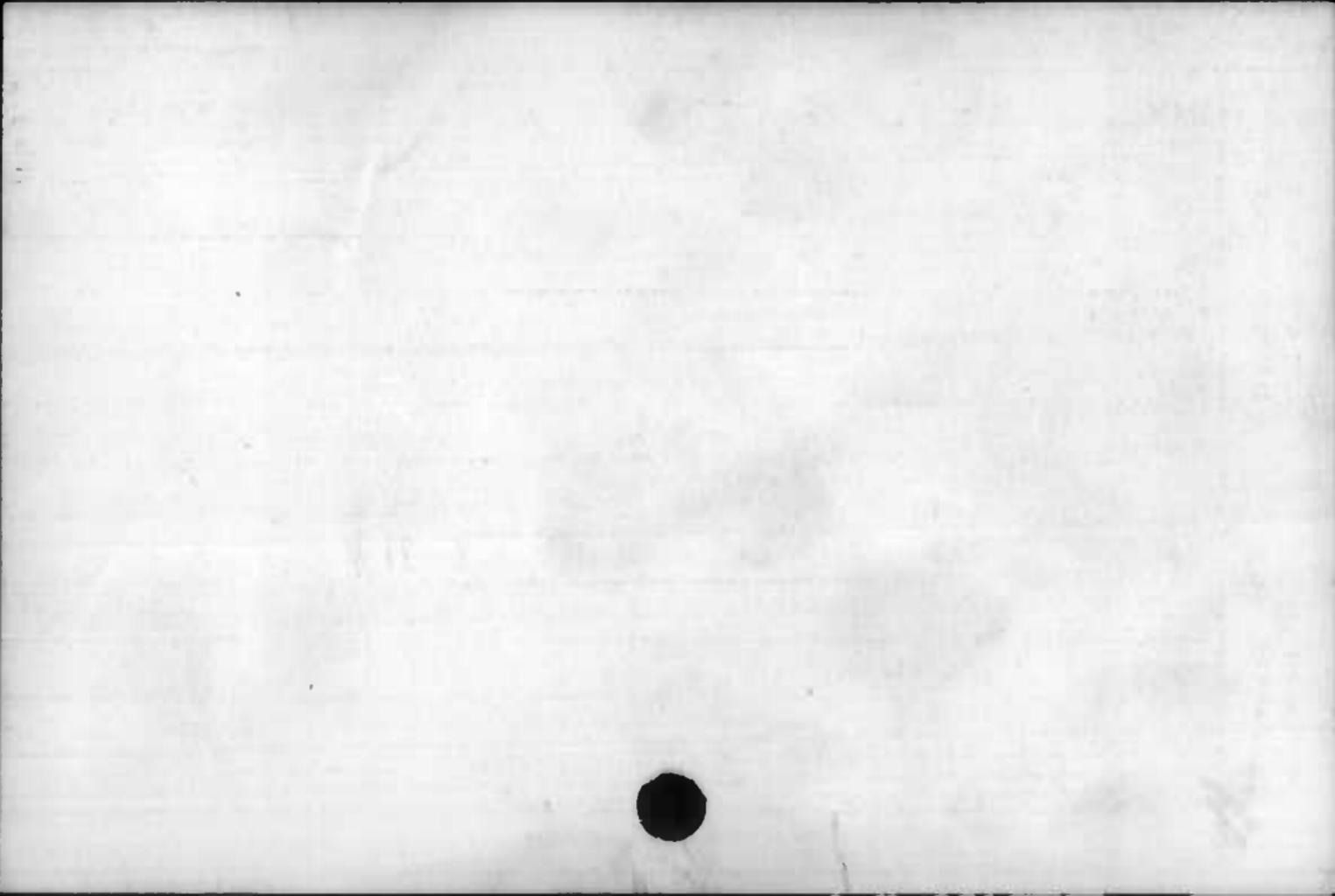
Address

P. D. Pease
60 Cathedral St
Annapolis

8

Accident or Suicide?

no



Name
in
Full

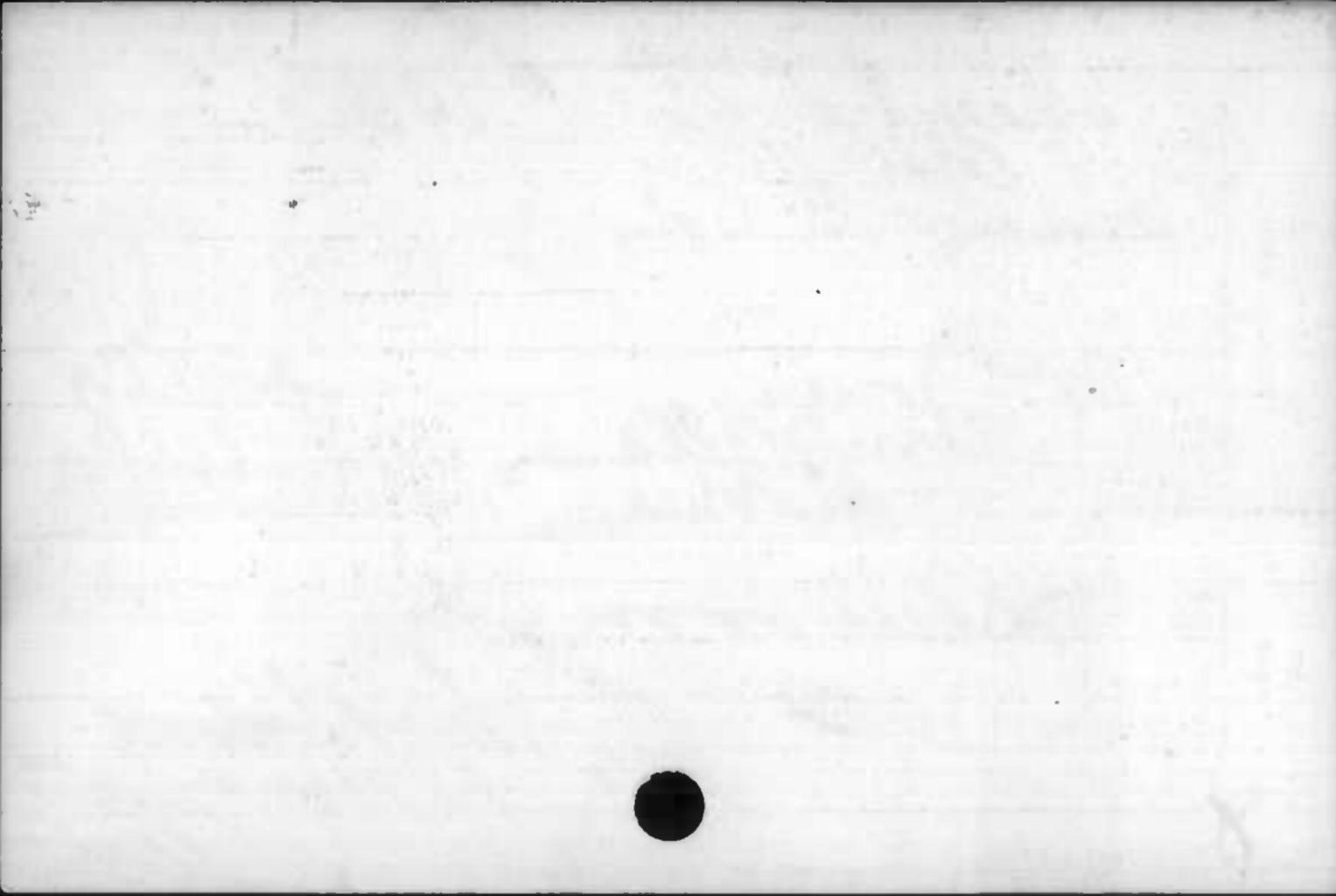
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		County <i>aa</i>	MARYLAND		
Date of death <i>1909</i>	Month <i>10</i>	Day <i>12</i>	Age <i>76</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Delaware</i>			
Occupation <i>Marshall</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jessie W. Jones</i>		Father's Birthplace		
Father's Name <i>Jessie W. Jones</i>			Mother's Birthplace		
Mother's Maiden Name <i>Clyfford E. Blodden</i>			How related to deceased		
Name of person giving information <i>Cal Jones</i>					
CAUSES OF DEATH					
Primary <i>Myopathy</i>			64	How long <i>5-day</i>	
Immediate <i>Cal Jones</i>				How long <i>1 day</i>	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
<i>Yes</i>	<i>F. J. Johnson</i>	<i>Baltimore Md</i>
Address <i>8</i>		
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 Oct 17th

Age

Color or
Race

80

Birth-
place

Annapolis, Md.

Sex

Female

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mr. Jones

Father's
Birthplace

Alta

Mother's
Maiden Name

Mary Wells

Mother's
Birthplace

Alta

Name of person giving
Information

Mother

How related
to deceased

Primary

CAUSES OF DEATH

Stillborn

How long

8

✓

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John Proctor
John Proctor
Annapolis
Md.

Accident or Suicide?

Reed for record

Oct 18 1909

Name
in
Full

Julia Koninick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month 10	Day 23	Years 22	Months	Days
Sex	Female	Color or Race	white	Birth-place	Rus.	
Occupation	Housewife		Where Residing if not at place of death	—		
Married, Single or Widowed	Mrs.	Name of Wife or Husband	Mile Koninick			
Father's Name	Mile Stanislaw Marcin		Father's Birthplace	Austria		
Mother's Maiden Name	Anna Stanislaw		Mother's Birthplace	Rus.		
Name of person giving information	Husband		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid

1

✓

How long

2 or 3 weeks

Immediate

Heart Failure

How long

few minutes

Are the name, age, sex, color, date and place correctly given above?

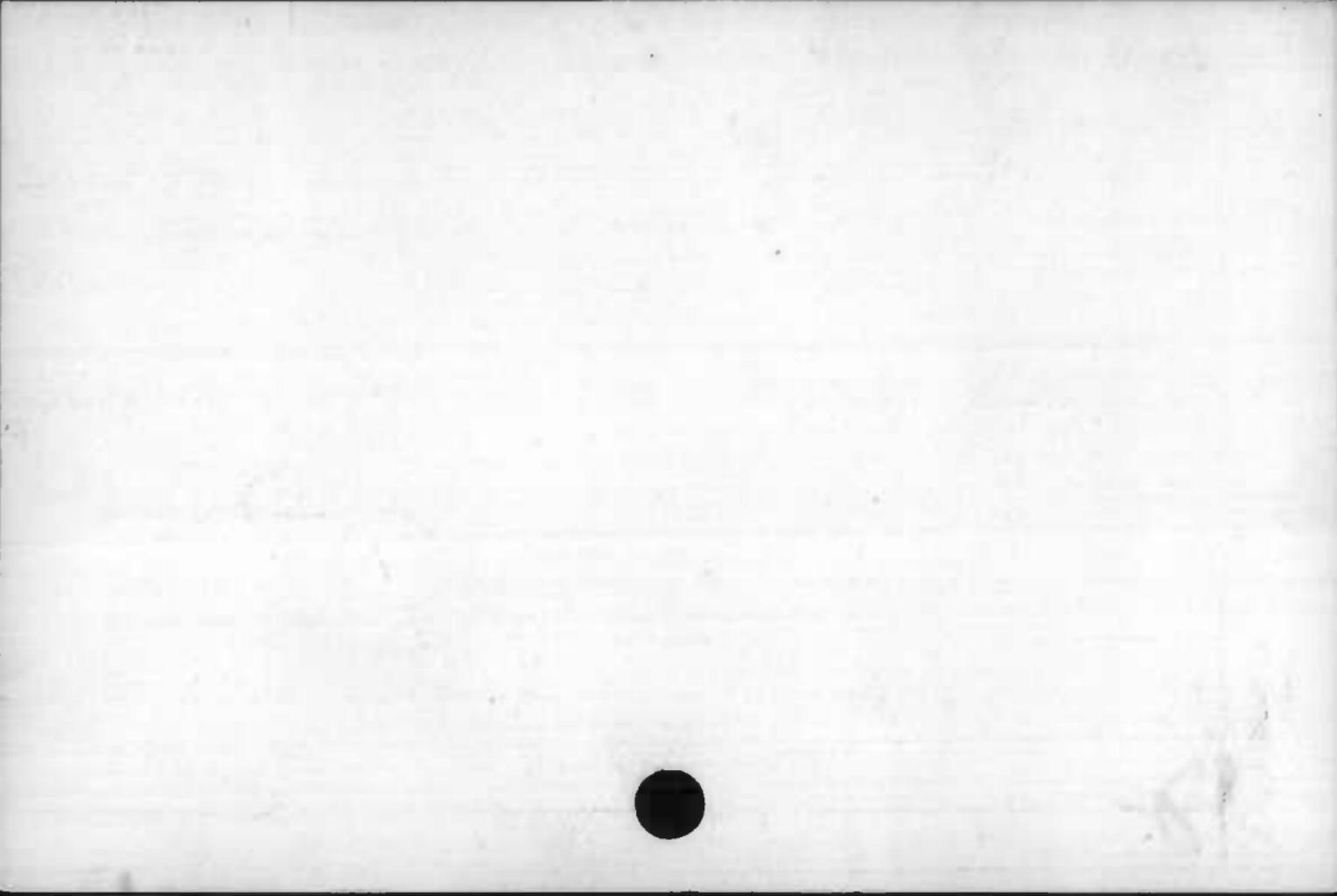
Signature of Physician

Charles Brooks

J

Address

Accident or Suicide?



Name
in
Full

Mary A. Melusker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Annapolis			County	St. Co.	
Died at	Month	Day	Years	Months	MARYLAND	
Date of death	1909	Oct	29	Age	55	Days
Sex	Female	Color or Race	White	Birth-place	Annapolis	
Occupation	None	Where Residing if not at place of death			()	
Married, Single or Widowed	Single	Name of Wife or Husband		None		
Father's Name	Hugh Mc Lusker			Father's Birthplace	Ireland	
Mother's Maiden Name	Mary A. Hoban			Mother's Birthplace	Ireland	
Name of person giving Information	Ellen M. Smith			How related to deceased	sister	

CAUSES OF DEATH

167

How long

6 hrs

PHYSICIAN
OR CORONER

Primary

Accidental Burns (heat)

Immediate

" "

Are the name, age, sex, color, date and place correctly given above?

yes

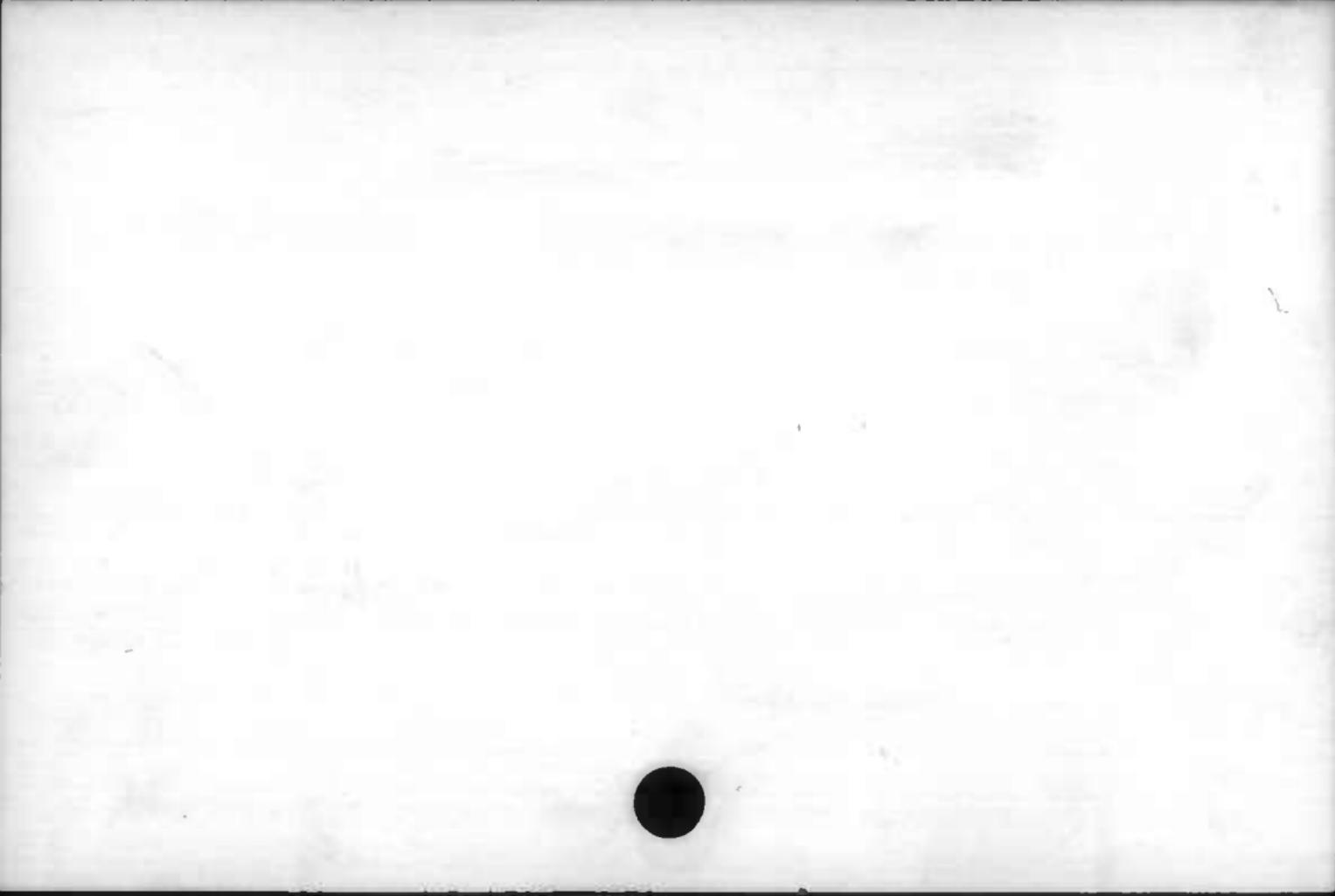
Signature of Physician

Address

Ollie Purvis,
Annapolis,
Md.

Accident or Suicide

yes



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Mackall		CERTIFICATE OF DEATH			
Walbury		Town	A. A -		County
Died at		Month	Day	Years	Months Days
Date of death 1909 Oct.		9	31	About 70	—
Sex Wife		Color or Race	B.		Birth-place A. A. Po -
Occupation Labour		Where Residing if not at place of death			Rachael James Mackall
Married, Single or Widowed		Name of Wife or Husband	Rachael James Mackall		
Father's Name		Asie Mackall	Father's Birthplace A. A. Po.		
Mother's Maiden Name		Unknown	Mother's Birthplace Unknown		
Name of person giving Information		Gov. Mackall	How related to deceased Cousin		
CAUSES OF DEATH					
Primary		Nephritis Chronic			
Immediate		How long 1909 one year			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address			
Yes -		A. B. Banks Milwaukee			
Accident or Suicide					



x7

Name
in
Full

Robert Wiley Milligan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Tow	County	MARYLAND		
Annapolis	Anne Arundel				
Date of death	Month	Day	Years	Months	Days
1909	October	14	Age 65	6	14
Sex	Male	Color or Race	White	Birth-place	Philadelphia Pa.
Occupation	Naval Officer		Where Residing if not at place of death	Annapolis Maryland	
Married, Single or Widowed	Married	Name of Wife or Husband	Reed A. Milligan	Father's Birthplace	Philadelphia Pa.
Father's Name	James Milligan			Mother's Birthplace	Philadelphia Pa.
Mother's Maiden Name	Mary Fletcher			How related to deceased	Daughter
Name of person giving Information	Mollie W. Milligan		79		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic heart disease

How long

About five years

Immediate

Angina pectoris

How long

About one year

Are the name, age, sex, color, date and place correctly given above?

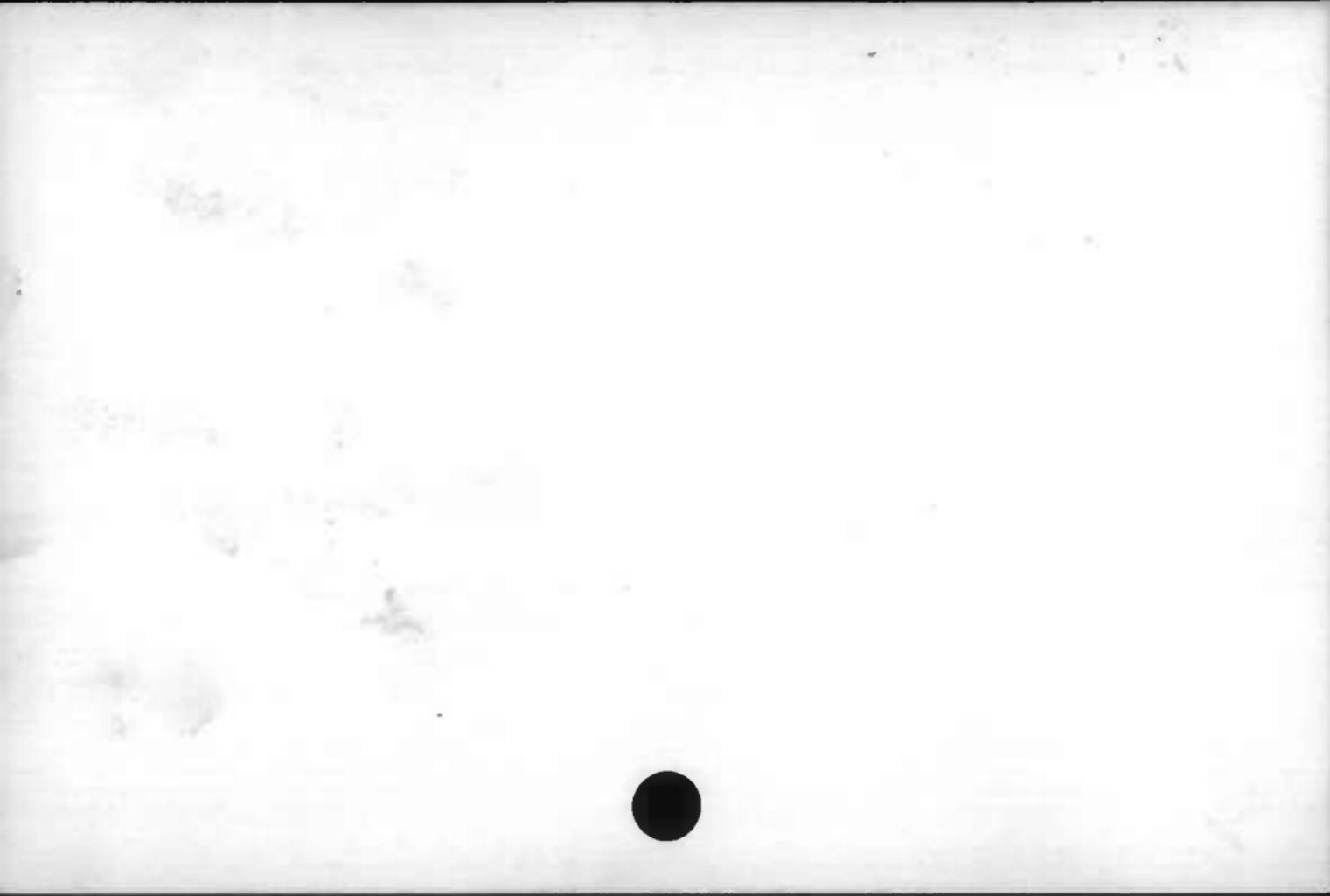
Yes

Signature of Physician

Address

G. L. Overend Hospital
Naval Academy
Annapolis Md.

8
Accident or Suicide



Name
in
Full

Viola Myers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis Town County a-a-
Date of death 1909 Month Oct. Day 12 Years 1 Months 7 Days -
Sex Female Color or Race Colored Birth-place Annapolis
Occupation Unknown Where Residing if not at place of death North West St
Married, Single or Widowed Single Name of Wife or Husband Unknown
Father's Name John Myers Father's Birthplace South River Md
Mother's Maiden Name Mary Hall Mother's Birthplace South River Md
Name of person giving Information John Myers How related to deceased Father

CAUSES OF DEATH

92

✓

Primary

Broncho-Pneumonia

How long

10 days

Immediate

Cheniston

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

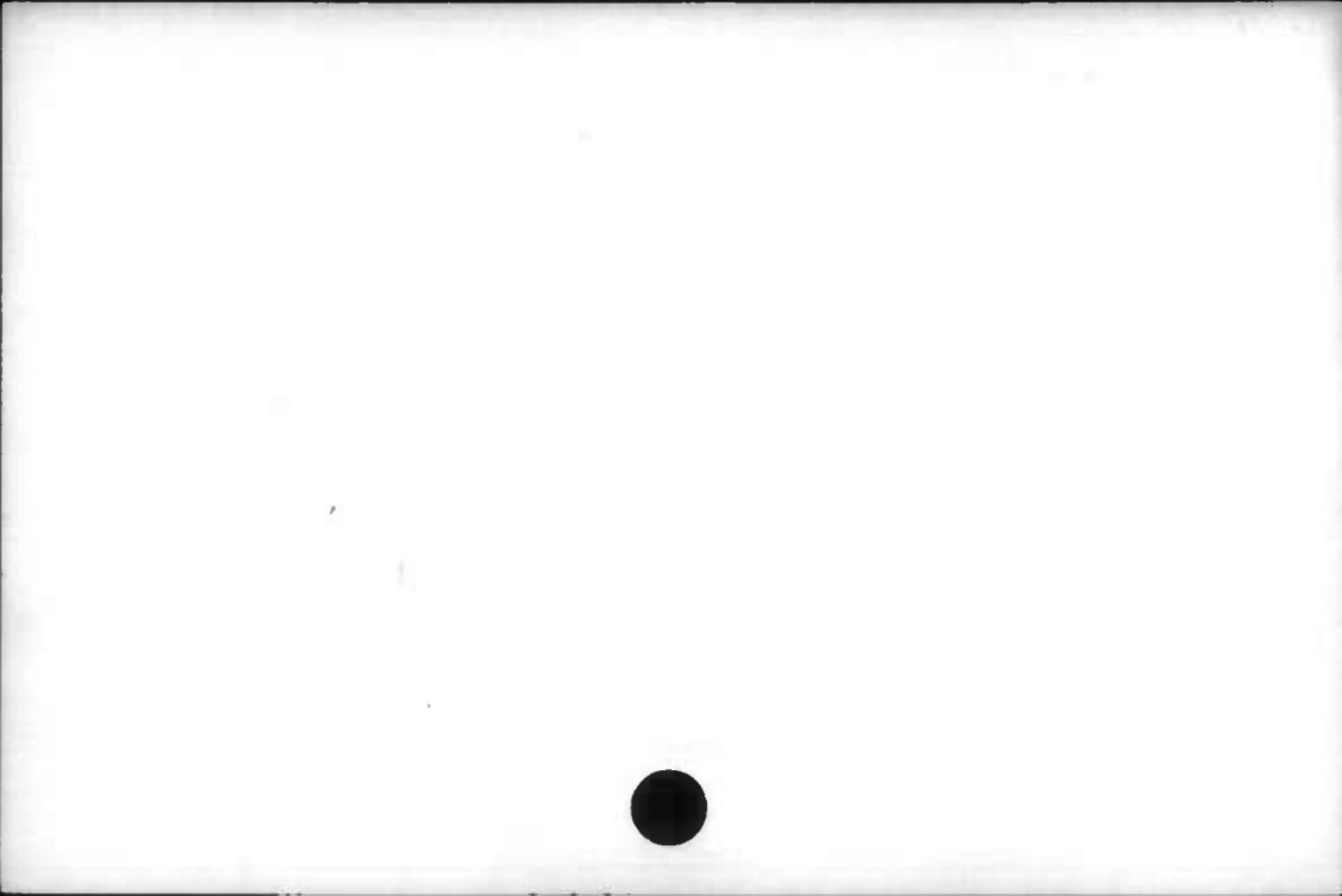
P.P. Tyler
60 Cathedral St.
Annapolis, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

no.

8



Name
In
Full

Maple Priddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town		County		MARYLAND	
Date of death	1909	Month	Act	Day	6	Age	9. 9 -
Sex	Female	Color or Race	Negro		Birth-place	Benfield	
Occupation	None	Where Residing if not et place of death			Benfield		
Married, Single or Widowed		Name of Wife or Husband					
Esther's Name	Ross. E. Priddle		Father's Birthplace		Maryland		
Mother's Maiden Name	Lorraine Priddle		Mother's Birthplace		Maryland		
Name of person giving Information	Ross. E. Priddle		How related to deceased		Father		

CAUSES OF DEATH

Primary

Enterocolitis
With Typhus

How long

10+

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. B. Gant
Melescoed

Accident or Suicida

Name
in
Full

Charles Wesley Thomas Pinnell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> <u>Davidsonville</u>		Town <u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Oct.</u>	Day <u>29th</u>	Age	Years <u>5</u>	Months
Sex <u>Male</u>	Color or Race <u>colored</u>			Birth-place <u>Anne Arundel Co.</u>	Days
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>Andrew Pinnell</u>		Father's Birthplace		<u>Anne Arundel Co.</u>
Mother's Maiden Name	<u>Mary Williams</u>		Mother's Birthplace		<u>Anne Arundel Co.</u>
Name of person giving Information	<u>Father Andrew Pinnell</u>		How related to deceased		<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inanition

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. P. Dufour
Mitchellville. Md.

179

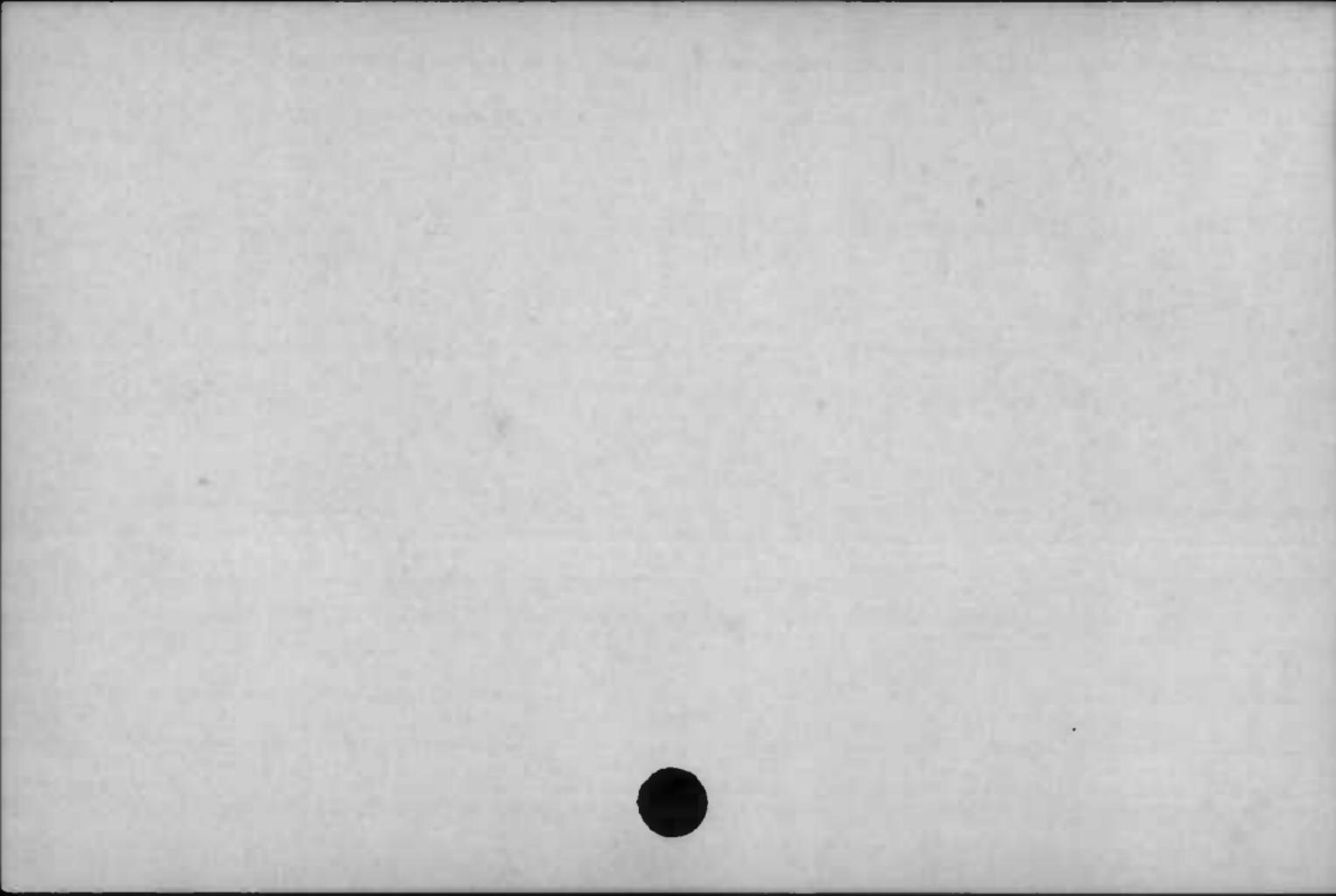
How long

One Month

How long

Two Weeks.

Accident or Suicide?



Name
in
Full

Unnamed Infant · Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Pasadena</u>		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Oct.</u>	Day <u>27</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Anne Arundel</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Singe</u>	Name of Wife or Husband				
Father's Name <u>Edward Powell</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Campsia Brown</u>	Mother's Birthplace <u>Anne Arundel</u>				
Name of person giving Information <u>Edward Powell</u>	How related to deceased <u>Father.</u>				
CAUSES OF DEATH					
Primary	<u>Congenital Defility</u>				
Immediate	<u>Exhausion -</u>				
Are the name, age, sex, color, date and place correctly given above ?					
Signature of Physician					
Address					

151

How long

3 days

How long

Immediate

J
Are the name, age, sex, color, date and place correctly given above ?

Yes

Signature of Physician

Address

James S. Billingsler

Elvaton R. 2. 154

Mo

Accident or Suicide

No



Name
in
Full

Josephine Rulka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

1909 Oct 11 21 3 00

Female Female white m a

Occupation

Married, Single or Widowed

Father's Name

Mother's Maiden Name

Name of person giving information

Ignos Rulka

Katia Beinhner

Mother

Rus

gir

How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsion

71

How long

✓

2 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

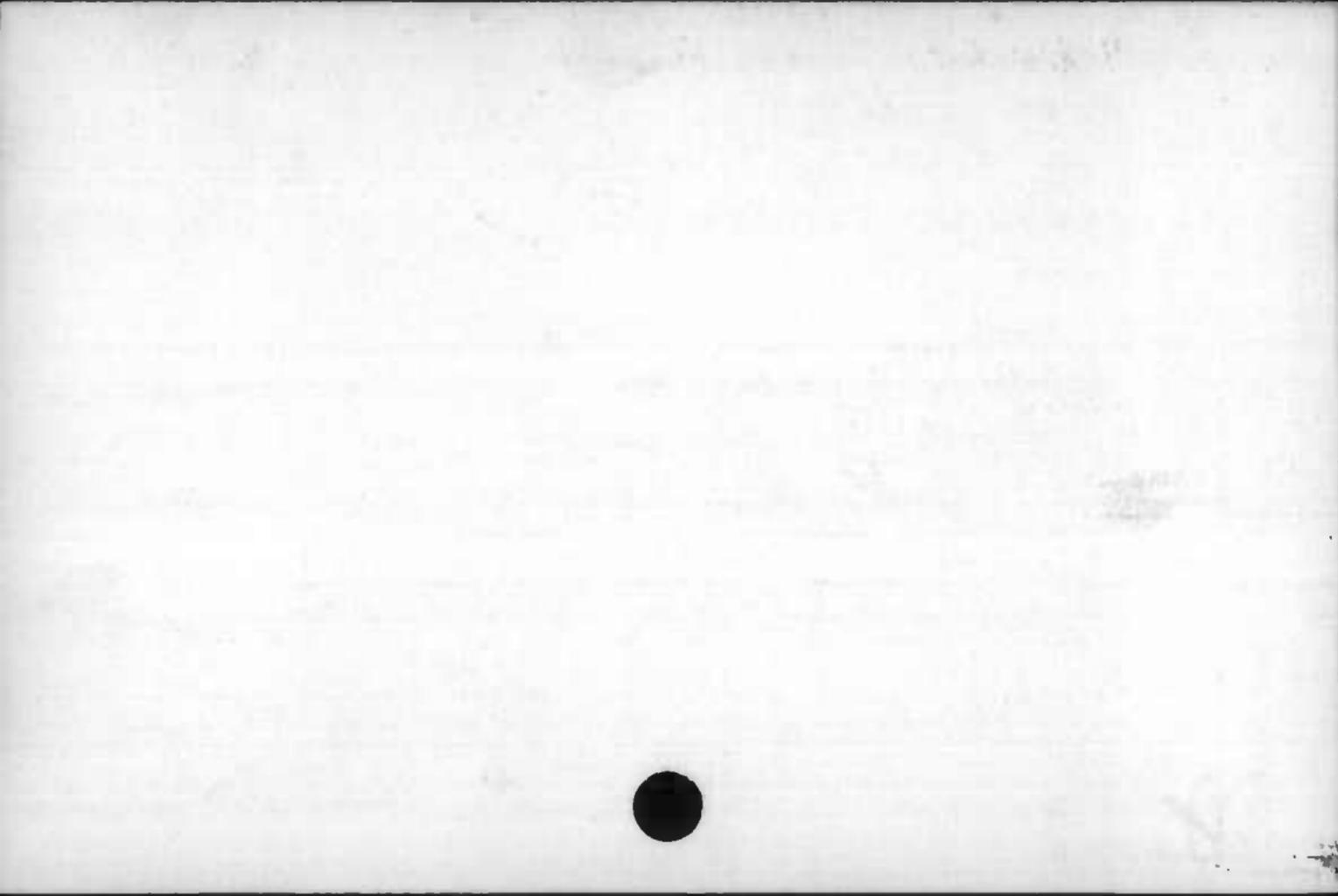
Signature of Physician

Address

Charles Broome

J

Accident or Suicide?



Name
in
Full

Margaret Semenko

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Bo. Balto -		Art.		
Date of death	1909	Month	Day	Years
Oct	3			1
Age		Months		Days
Sex	Female	Color or Race	white	Birth-place
Occupation		Where Residing if not at place of death		
Married, Single or Widowed	—	Name of Wife or Husband	—	
Father's Name	Jos. Semenko			
Mother's Maiden Name	Dora Zacharbo			
Name of person giving information	Jos. Semenko			

CAUSES OF DEATH

105

Primary

Enteritis

How long

10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

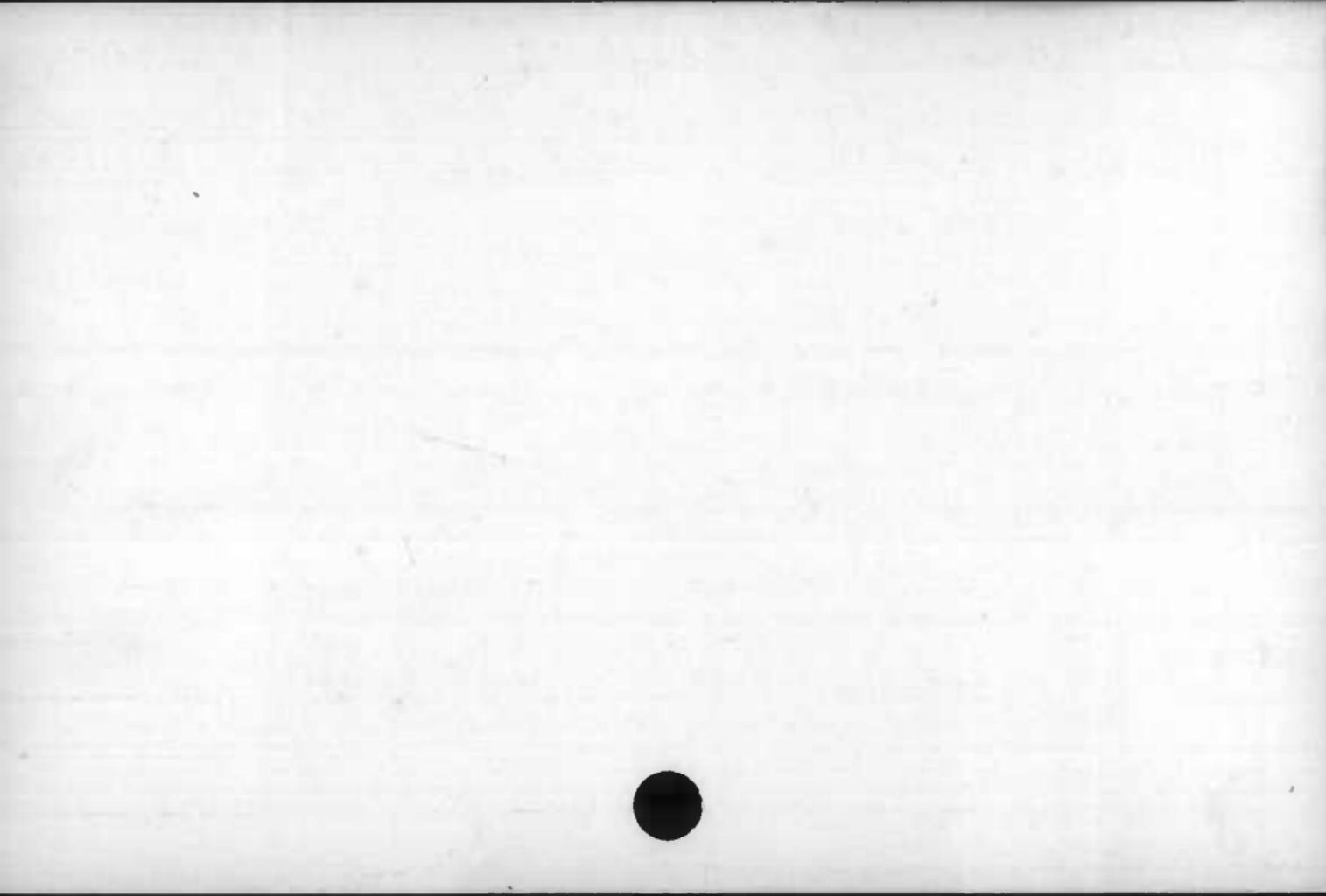
Signature of Physician

Address

Thos. B. Horton M.D.
Bo. Balto - Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Louis Earle Shearman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis

Month Dey
1909 Oct 4

Anne Arundel

MARYLAND

Year

Age 10 weeks = 2

Days

14

Sex male

Color or
Race

White

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of death

St. John's Street

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Chas H. Shearman

Father's
Birthplace

Bristol Eng

Mother's
Meiden Name

Beathwyn Moss

Mother's
Birthplace

Southern Wales

Name of person giving
Information

Chas H. Shearman

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diarrhoea

105

✓

3 wks

Immediate

Asthma

How long

4 or 5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Oliver Purvis
Annapolis
Md

Accident or Suicide

no

Name
in
Full

Ester Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND	
Date of death	1909	Month Oct	Years 10	Months 8	Days -
Sex	Female		Age -		
Occupation	-		Color or Race	Colord	
Married, Single or Widowed	Single		Where Residing if not at place of death	37 North West	
Father's Name	Wallace Snowden		Name of Wife or Husband	Brooklyn Md	
Mother's Maiden Name	Hattie Parker		Father's Birthplace	South River Md	
Name of person giving Information	Hattie Snowden		Mother's Birthplace	Mother	
Primary	Ridoni		How related to deceased	179	
Immediate	Congenital Debility		How long	Asbury Crnt -	
exhaustion			How long	Since birth	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Gradney	
J Yes			Address	John Ridontky Annapolis Md	
Accident or Suicide					

J. H. Dennis

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

9

Stevens

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Brooklyn

26 2

Date

of death 1909 Oct

Month

Day

Years

Months

Days

Age

Sex

Male

Color or
Race

Colored

Birth-
place

Brooklyn

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John J. Stevens

Father's
Birthplace

Maryland

Mother's
Maiden Name

Eliza Right

Mother's
Birthplace

Md

Name of person giving
Information

Eliza Stevens

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Still Born

S

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

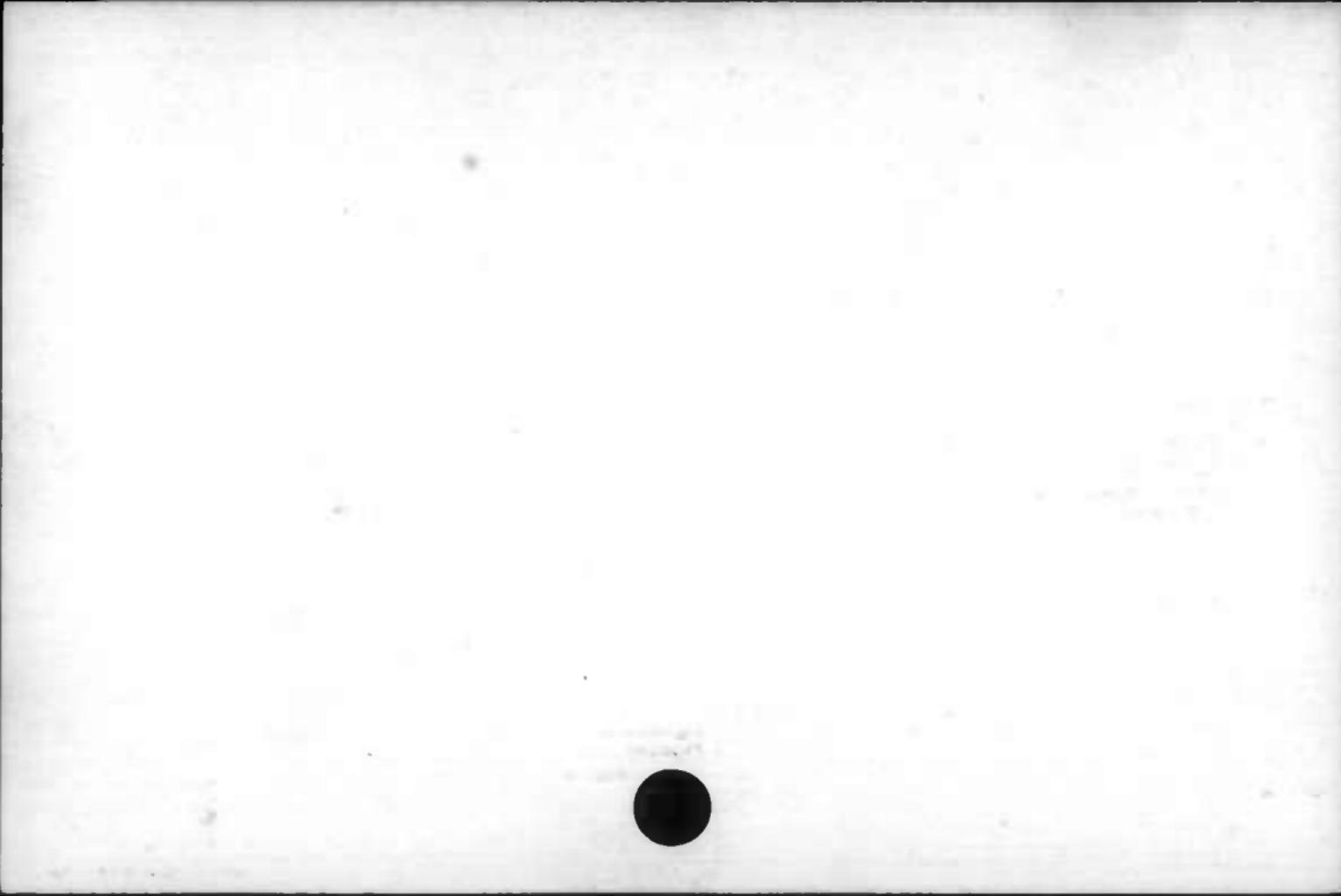
Yes

Signature of
Physician

Address

John C. Price Cor
Brooklyn 6-1120
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamed Infant. Stewart

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at Head of Severn River			Anne Arundel			
Date of death	1909	Month Oct.	Day 9	Year	Month	Days
Sex	Male	Color or Race	White.	Birth-place	Anne Arundel Co	
Occupation	Infant			Where Reiding if not et place of death	—	
Married, Single or Widowed	Single.	Name of Wife or Husband			—	
Father's Name	Joseph Stewart			Father's Birthplace	Virginia.	
Mother's Maiden Name	Sue. Zetter			Mother's Birthplace	Baltimore, Md.	
Name of person giving Information	Joseph Stewart			How related to deceased	Father.	

CAUSES OF DEATH

151

✓

Primary

Premature Birth. (6 months)

How long

2 days.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

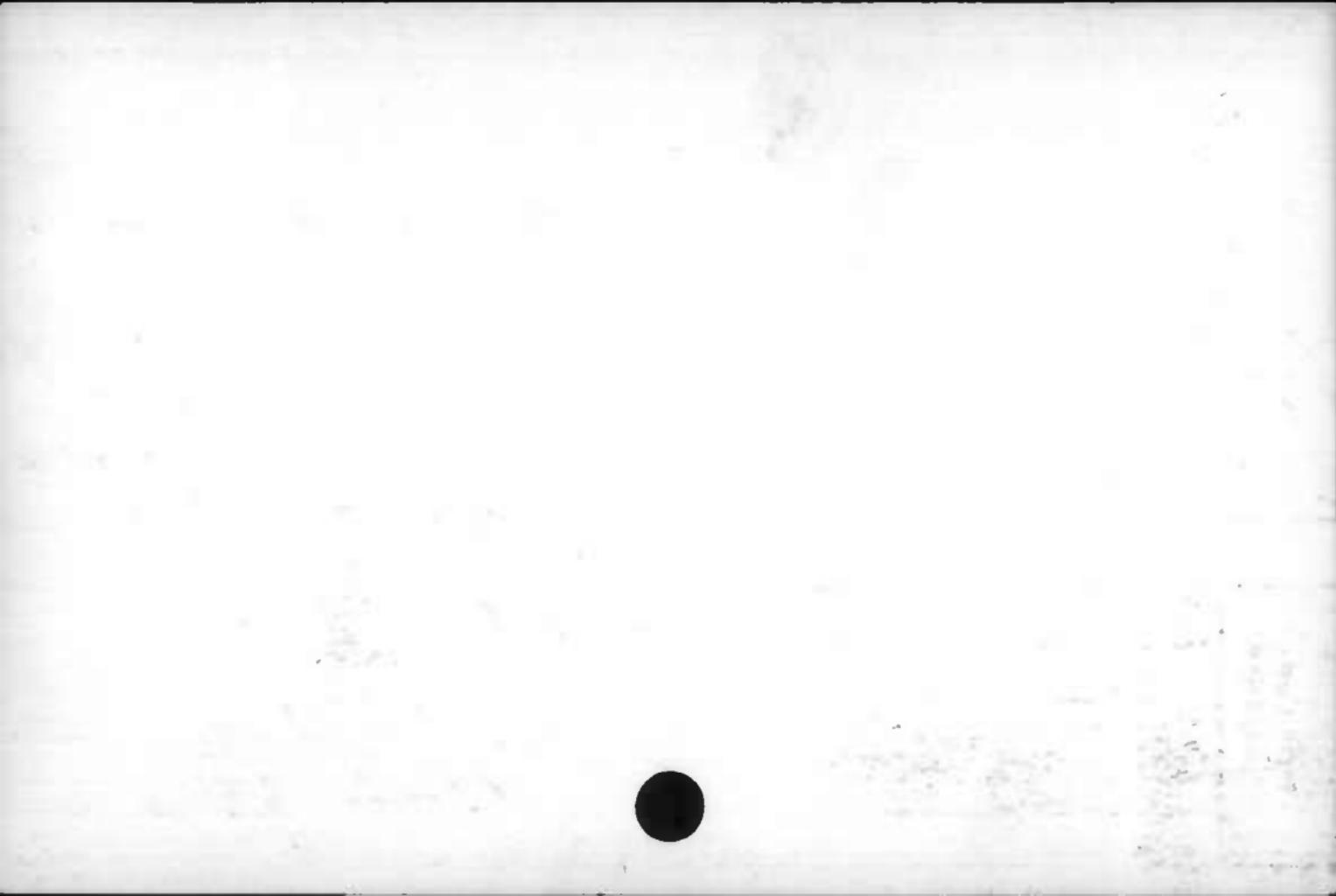
Signature of
Physician

Address

James S. Bellingshaw M.D.
Elmwood P. P. D. #1
Md

Accident or Suicide

No.



Name
in
Full

John Sprigg Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Oct.	Day 27	Years 75	Months 3	Days	
Sex	Male	Color or Race	White	Birth-place	Annapolis Md		
Occupation	Carpenter		Where Residing if not et place of death	Annapolis Md			
Married, Single or Widowed	Married	Name of Wife or Husband	May J. Sullivan		Father's Name	Unknown	
Father's Name	John Sullivan				Mother's Name	Unknown	
Mother's Maiden Name	May Browder Sullivan				Name of person giving Information	Son	
John P. Sullivan							

CAUSES OF DEATH

154

How long

Four months

How long

Very days

Geo. Wells

Address

PHYSICIAN
OR CORONER

Primary

Infarctus of age

Immediate

Atherosclerosis

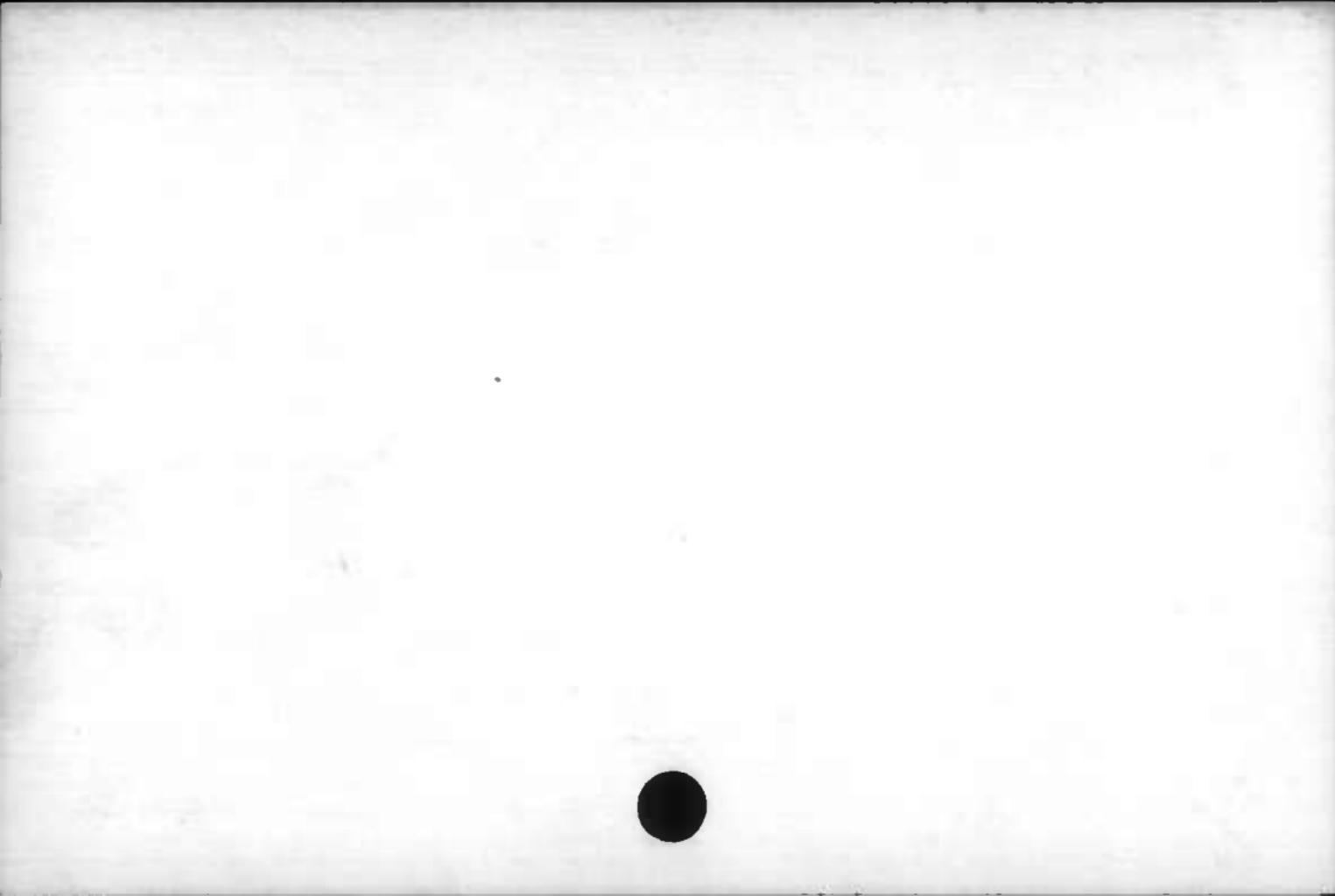
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

No

Accident or Suicide



Name
in
Full

Anna Sultz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>So Balto.</u>		County <u>A. I.</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Oct.</u>	Day <u>25</u>	Years <u>—</u>	Months <u>4</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>So Balto.</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Michael Sultz</u>	Father's Birthplace <u>Bohemia</u>					
Mother's Maiden Name <u>Josefa Barbour</u>	Mother's Birthplace <u>So</u>					
Name of person giving information <u>Michael Sultz</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

8

Primary Whooping Cough

How long 3 weeks

Immediate Centovirus

How long 3 days

Are the name, age, sex, color, date and place correctly given above?

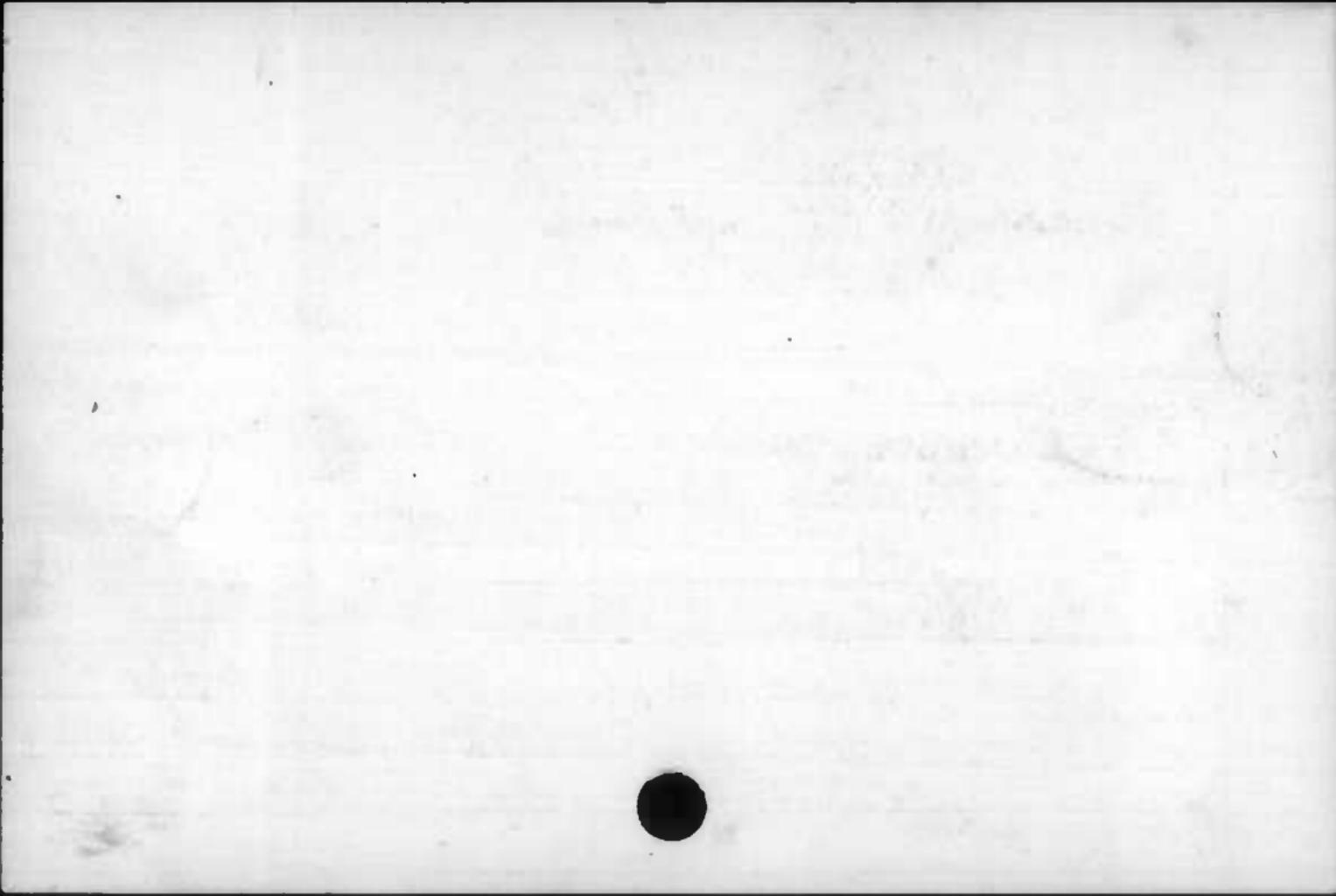
Signature of Physician

Address

Chase Brook
Charrooklyn N.Y.

8

Accident or Suicide?



Name
in
Full

Emma Taborelli

CERTIFICATE OF DEATH

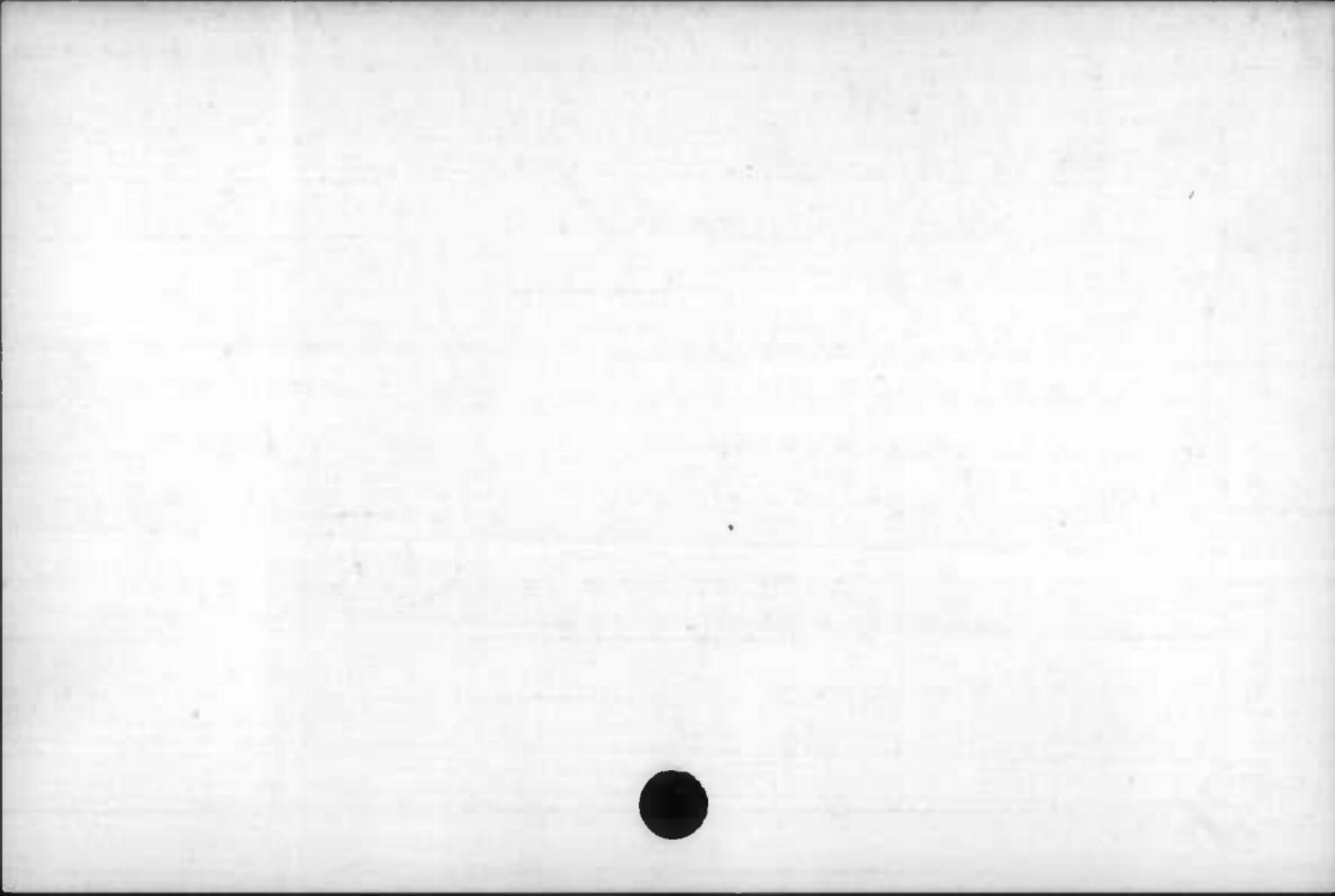
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Widowed	Name of Wife or Husband	Antone Taborelli				
Father's Name	Unknown					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving Information	Mattie Steger					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemorrhage of Brain		64	✓
Immediate	Paralysis		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	How long	
		Signature of Physician	Hos. B. Horton M.D.	
		Address	So. Balto, Md.	
Incident of Suicide?				



Name
in
Full

Lizzie Tasear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1909	Month October	Day 23	Years Age 46	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	D. C., Md	
Occupation	Housewife		Where Residing if not at place of death	Cumberland		
Married, Single or Widowed	Married	Name of wife or Husband	Louie Tasear			
Father's Name	James Tunnis		Father's Birthplace	D. C., Md		
Mother's Maiden Name	Lizzie Tasear		Mother's Birthplace	D. C., Md		
Name of person giving Information	Louie Tasear		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Interstitial Nephritis

120

How long

Death Row

Immediate

Uremia

How long

1/2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

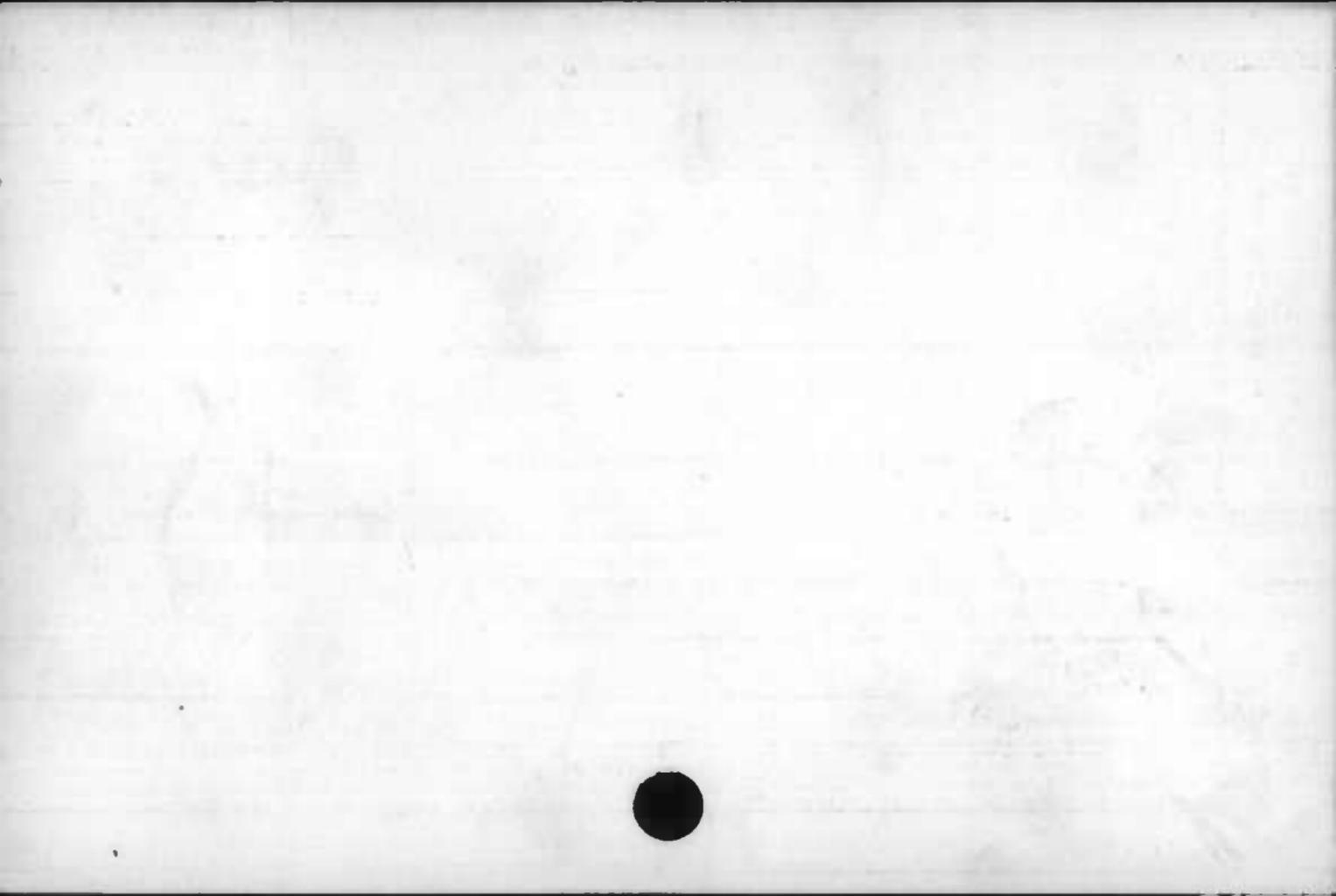
Frederick Douglass, M.D.

West River

D. C.

Accident or Suicide?

Yes



Name
in
Full

Dorothy E. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Annapolis			County	St. St.	
Died at	Month	Day	Year	Month	Days	
Date of death	1909 Oct	7	Age	5	24	
Sex	Female	Color or Race	Colored	Birth-place	Annapolis Md	
Occupation	None			Where Reclining if not at place of death	(checkmark)	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Name	Esworth Thomas	
Mother's Maiden Name	Alvorta Diggs			Father's Birthplace	Baltimore Md	
Name of person giving Information	Esworth Thomas			Mother's Birthplace	St. St. La, Md	
				How related to deceased	Father	

CAUSES OF DEATH

71

How long

12 hrs

Primary

Infantile Convulsions

Immediate

Bronchitis

How long

Immediate

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

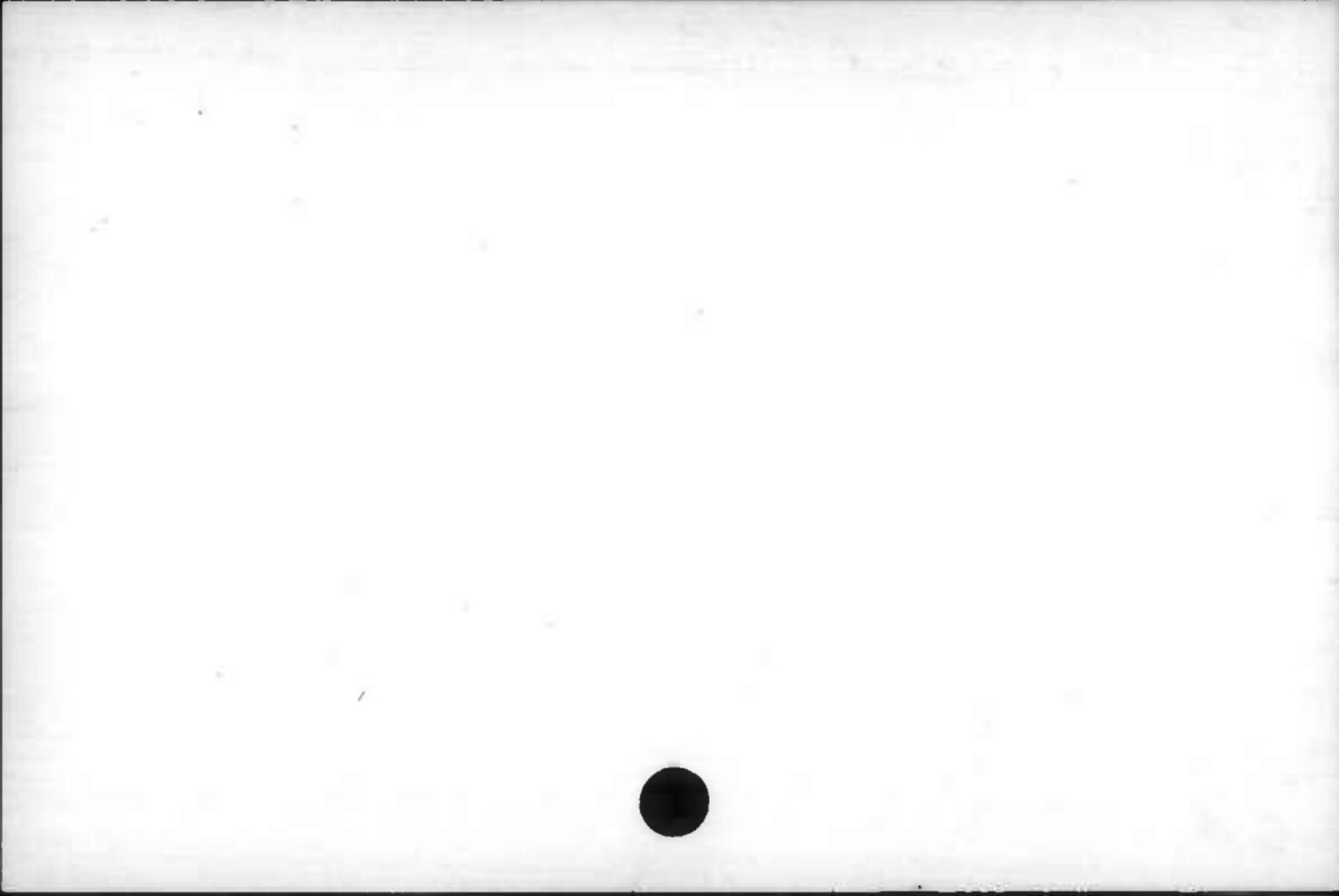
Signature of
Physician

Address

Ambrose Garcia M.D.

34 Second St

✓
Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lillian L Dawson

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death	1909	Month	10	Day	16	Years	Age
Sex	Female	Color or Race	Co	Birth-place	Ma	Months	9
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Walter L Dawson			Father's Birthplace	Se		
Mother's Maiden Name	Anne Brooks			Mother's Birthplace	Ma		
Name of person giving information	-fath			How related to deceased	—		

CAUSES OF DEATH

Primary

Whooping Cough

8

✓

Immediate

Congestion lungs

3 weeks

2 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Steele Cunn

Berwyn

Calvert Md

Accident or Suicide?



Name
in
Full

Louis Vogel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 10	Day 2	Years 53	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Tow		
Occupation	Lab		Where Residing if not at place of death	—			
Married, Single or Widowed	Married	Name of Wife or Husband	Kate Vogel				
Father's Name	Frank Vogel		Father's Birthplace	Germany			
Mother's Maiden Name	Barbara Vogel		Mother's Birthplace	Germany			
Name of person giving Information	C J Rolly		How related to deceased	Brother in law			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia*

How long

3 day

Immediate *Heart failure*

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

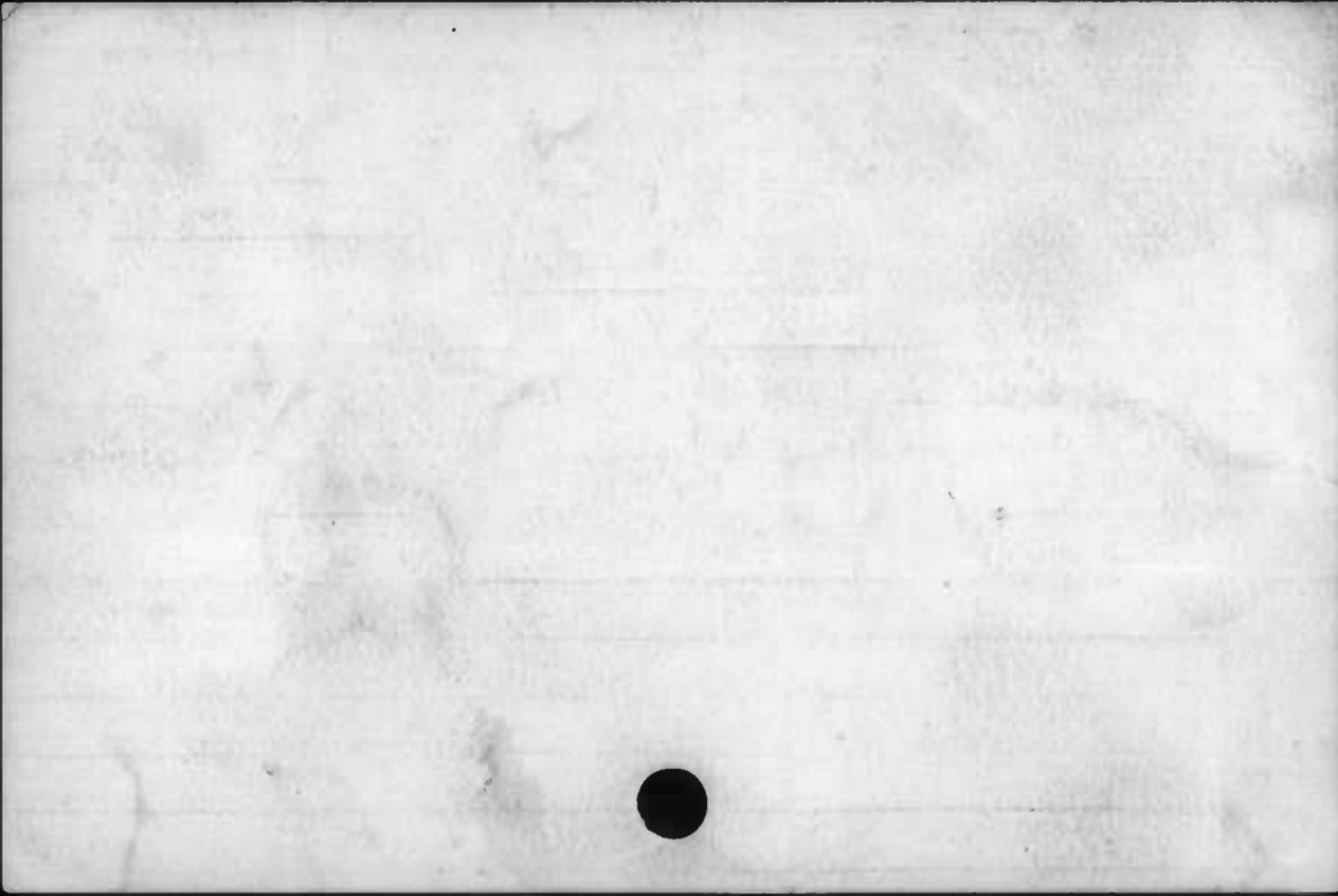
yes

Signature of Physician

Address

Chas & Broke
Brooklyn

Accident or Suicide?



Name
in
Full

Ada Watts

CERTIFICATE OF DEATH

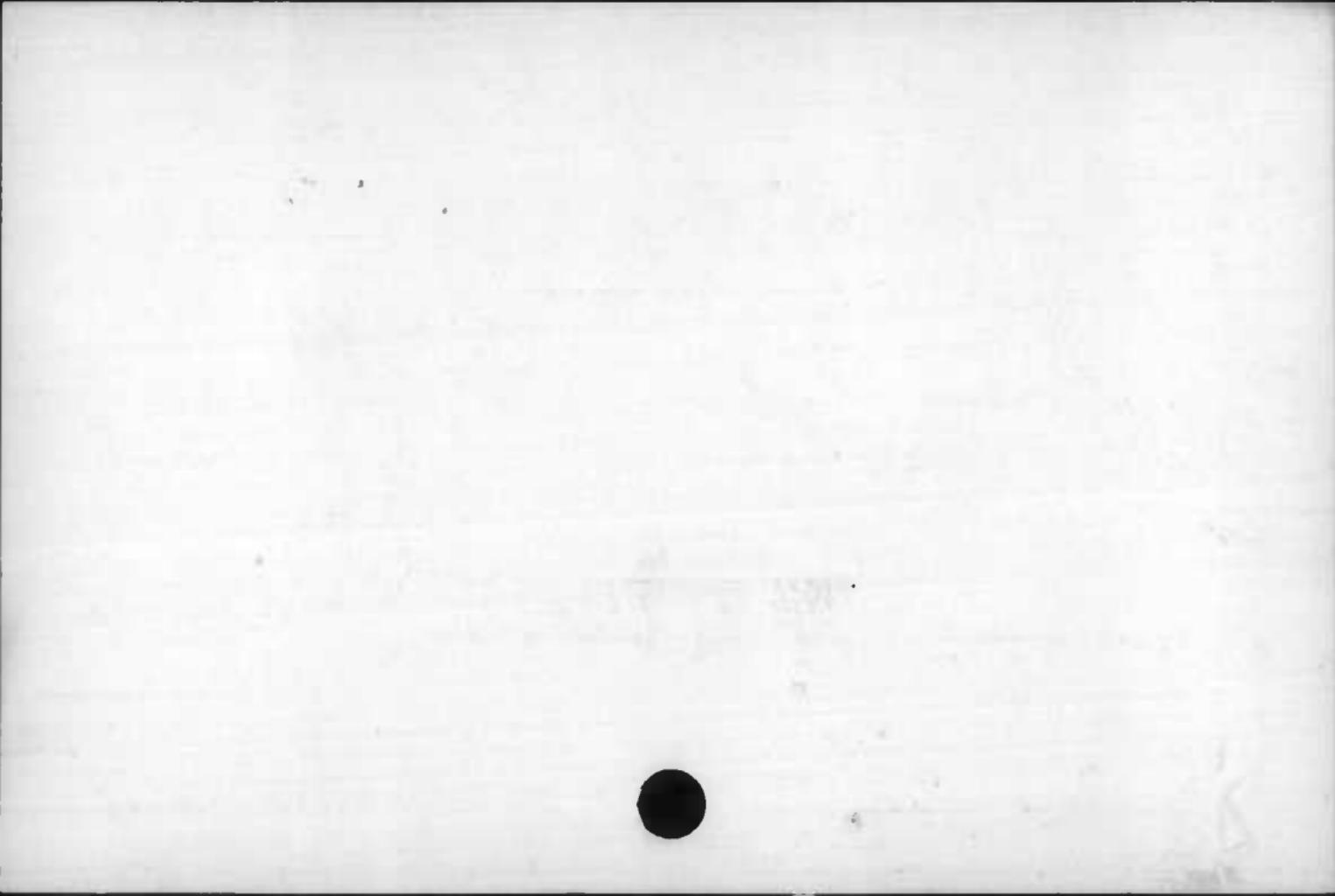
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 10	Day 28	Age 1	Years	Months 10	Days
Sex	Female	Color or Race	white		Birth-place	Md	
Occupation	—		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Joshua Watts		—		Father's Birthplace	Md	
Mother's Maiden Name	Lilly		—		Mother's Birthplace	"	
Name of person giving information	Joshua Watts		How related to deceased		Father		
CAUSES OF DEATH							
Primary	Whooping Cough		8		3 weeks		
Immediate	Convulsions		How long		1 day		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. F. Brooks
		Address	
Accident or Suicide?			





Name
in
Full

Henrietta Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Annapolis

County

a-a-

MARYLAND

Date
of death

Month

Day

1909 Oct 19

Age

Years

24

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

South Rivernd

Occupation

Domestic

Where Residing if not
at place of death

30 Gotts Court

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel Wells

Father's
Birthplace

South Rivernd

Father's
Name

Henson Taylor

Mother's
Birthplace

South Rivernd

Mother's
Maiden Name

Lizzie Taylor

How related
to deceased

Husband

Name of person giving
Information

Samuel Wells

41

How long

6 Weeks

How long

one week

PHYSICIAN
OR CORONER

Primary

Coninometer of the
Exhaustion

Immediate

Yes

Signature of
Physician

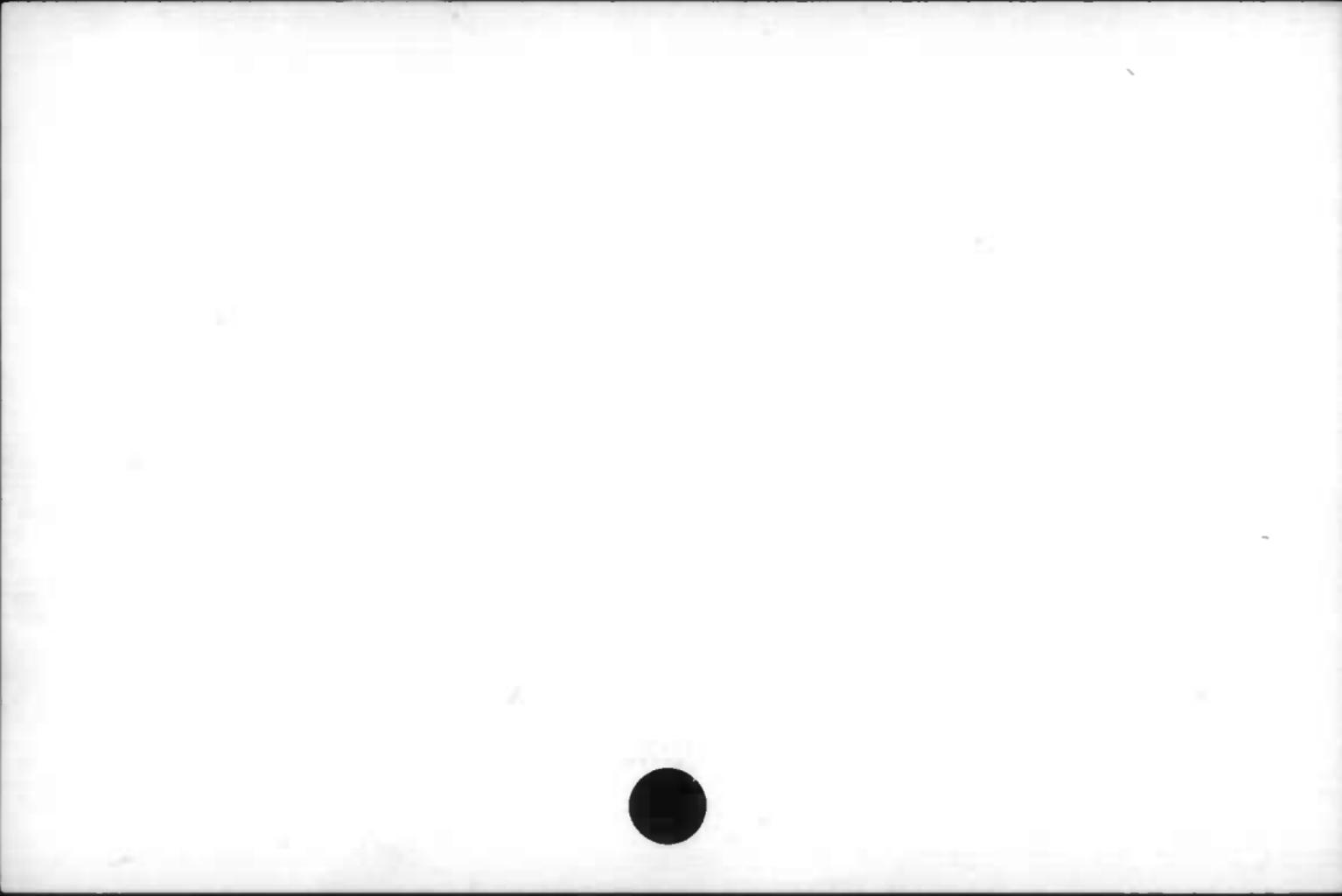
Address

R. P. Keyser
68 Cathedral St.
Annapolis

J

Accident or Suicide

NO



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Days

Died at Annapolis Town Anne Arundel County
Date of death 1907 Month Oct Day 6 Age 56 Year 1907 Month Oct Days
Sex Female Color or Race Colored Birth-place Annapolis Md
Occupation Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Isaac Ven Father's Birthplace Annapolis Md
Mother's Maiden Name Sadie Green Mother's Birthplace Annapolis Md
Name of person giving Information Isaac. Ven How related to deceased Father

CAUSES OF DEATH

Primary

Still Born (infusion)

(B)

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

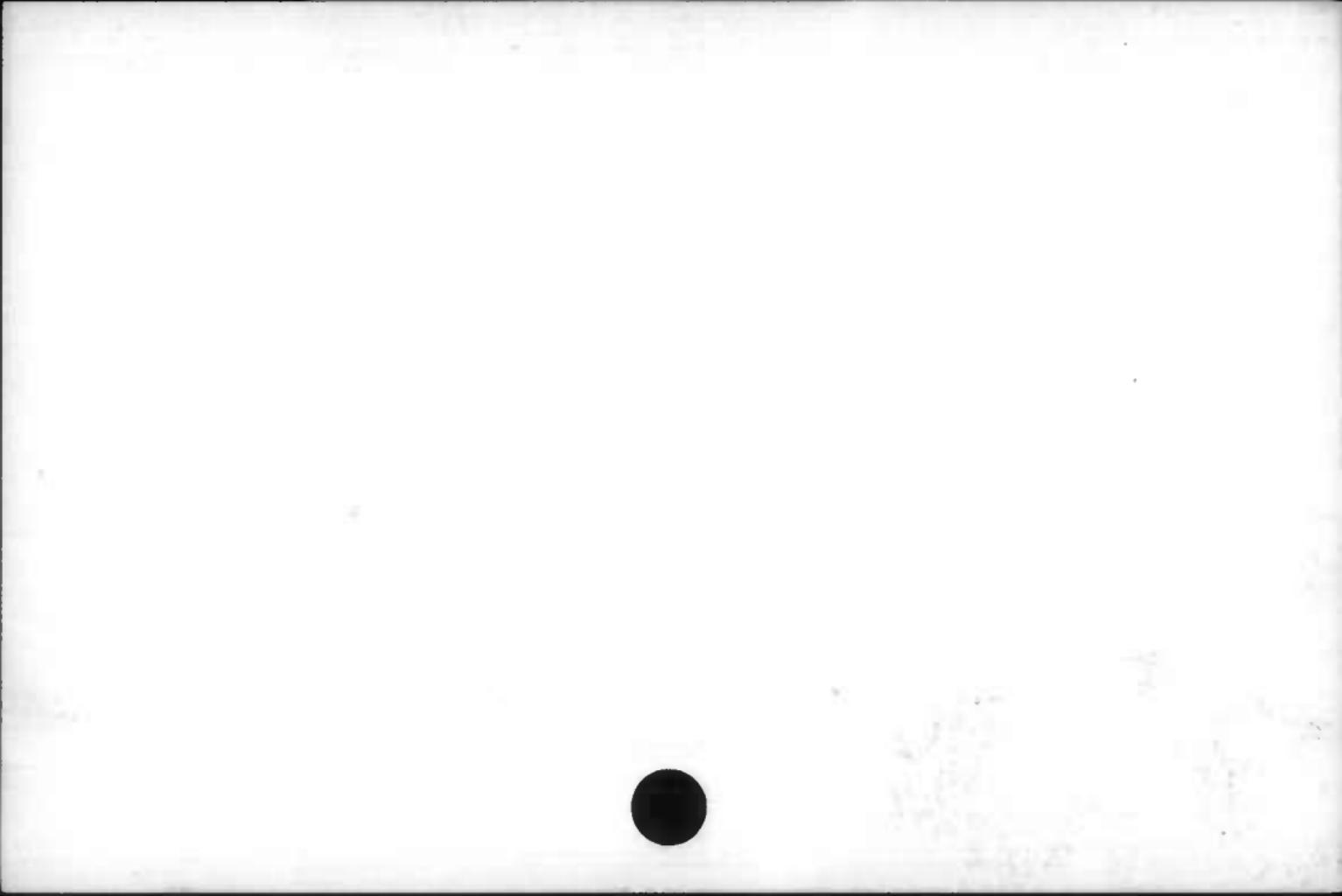
Signature of Physician

Address

P. D. Keeler
60 Cathedral St
Annapolis

Accident or Suicide

No



Name
in
Full

Luvoria White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Rotinson				Anne Arundel						
Date of death	1909	Month	Oct	Day	27	Years	13	Months		Days
Sex	Female	Color or Race	Colored		Birth-place	Anne Arundel Co				
Occupation	School Lile.		Where Residing if not et place of death							
Married, Single or Widowed	Single.		Name of Wife or Husband							
Father's Name	Geo. White				Father's Birthplace	Anne Arundel Co				
Mother's Maiden Name	Harriett Tiles				Mother's Birthplace	Anne Arundel Co				
Name of person giving Information	Charles White				How related to deceased	Uncle -				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis.*

Immediate *Exhaustion -*

Are the name, age, aex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*James S. Billingsley #46
Elmston R. F. D. #1
Md.*

J

Accident or Suicide

No.

27

How long

One year.

How long

Immediate

✓

✓



Name
in
Full

William Wilkerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Friendship		Month Oct	Day 18	Years a - a -	County a - a -	MARYLAND	
Date of death 1909	Month Oct	Day 18	Age a - a -	Years a - a -	Months a - a -	Days Two	
Sex Male	Color or Race Colored	Birth- place Leitcher					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband William Wilkerson						
Father's Name William Wilkerson	Father's Birthplace Md						
Mother's Maiden Name Florence Gross	Mother's Birthplace Md						
Name of person giving Information Florence Gross	How related to deceased Mother						

CAUSES OF DEATH

151

How long

Primary

Premature Birth

Immediate

Heart Exhaustion

How long

Several hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. L. Brayshaw
Friendship
Md

PHYSICIAN
OR CORONER

Accident or Suicide

J

